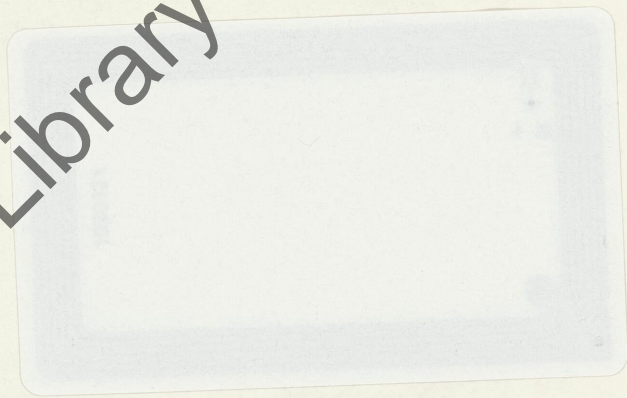


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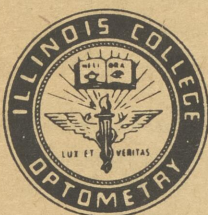
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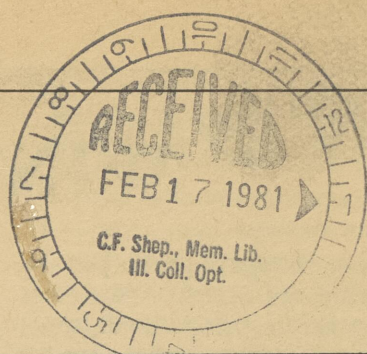
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the FOCUS



Volume 1, Number 3

January, 1981

"Success covers a multitude of blunders" G.B. Shaw

ICO STUDENTS HEAD NORTH FOR CONFERENCE

The North Central States Optometric Conference will be held in Bloomington, Minnesota from January 29 - February 1. Last year approximately 150 students attended; the largest delegation to represent ICO at the Conference.

This year the ICO Student Association has added to the donations from various companies to help defray the cost of transportation. Buses will begin to load on Thursday, January 29 at 7:30 a.m., with departure time set for

8:00 a.m. We will arrive at the Ramada Inn in Bloomington at around 6:00 p.m.

The schedule of events will include 52 courses on various areas in optometry and two general lectures, as well as an ophthalmic exhibition of over 60

companies. The ICO luncheon is set for 12:30 on Saturday, and the entertainment following the banquet that evening will be provided by country singer Kenny Dale and the 18-piece R.C. Jazz Band of Minnesota Optometrist John Luckow.

Optometry in England

No FTC control, no FDA regulations — a free reign for technical advances and the practices of optometry. Right or wrong? For a long time we, in the United States, have heard rumors about so many different types of contact lens and solutions available in England but not in America. During the Thanksgiving break a group of us decided to investigate Optometry in England first hand. Dr. Peter Nelson, myself, and two ICO student, Pat Doyle and Jeff Tweedy, met Dr. Sheldon Weschler and six students from the University of Houston in London to participate in a European learning experience. Our goals were to meet and talk to teachers and students at City University, visit a major contact lens manufacturer in England as well as tour an equipment manufacturing facility.

Our first encounter with Optometry in London was a party organized by Mr. John Ross and hosted by optometry students at City University. We met their college hall of residence. Immediately some differences were apparent. The age of the London students is much younger than their American counterpart. They begin their optometric education immediately after graduation from secondary school — their equivalent of high school. Most of the students live in the residence halls and do not hold outside jobs. Their hall of residence is quite different from Brady Hall. It is much larger and more formal than Brady. The most popular place there is the bar. To help combat the high prices and to give students a convenient place to meet, the University has a bar staffed by students. It proved to be very popular. After closing (everything in England closes at 11:00 P.M.) a group of us met in one of the floor kitchens and talked. The London students were extremely curious about the States. Topics of conversation ranged from how much time is spent studying, what type of clinical experience is available to what did we think of Ronald Reagan and who shot J.R. After a pleasant time we left; making plans to meet the next day at City University.

The Dame Alice Owen Building houses the Department of Optometry and Visual Science at City University. This multi-story building is the main area for classrooms, labs and small a clinic. Our first encounter there was a meeting with Professor R.J. Fletcher, the Head of the Department. Professor Fletcher briefed us on the state of optometry. At present, there is a move toward increased required education and an effort to change the eye care prac-

itioner title from Ophthalmic Optician to Optometrist. Professor Fletcher said they are looking to the United States for guidance in upgrading Optometric Education in England. Also stated was that the relationship of ophthalmology and optometry in England is similar to the status in the United States.

The course work at City University is similar to the United States. The first two years are spent studying Anatomy and Physiology, Optics, Mathematics, Ophthalmic lenses, Visual Perception and general studies. The third year studies include clinical practice, occupational vision, visual psychology, legal and professional aspects of ophthalmic practice, special study and clinical practice and dispensing. Some differences include the limited clinical experience. The students spend time at London Refraction Hospital and Moorfields Eye Hospital but their major experience is gained after graduation. The students must work with a qualified practitioner for one year after graduation before qualifying for their registration examination.

Their testing methods are also different. In addition to written tests, each student undertakes intensive oral evaluation for most courses. A note taking service is unheard of. The students are responsible for much independent study.

Dr. Nelson and I took the opportunity to visit City University's Contact Lens Clinic (naturally). While there the interns were fitting each other with lenses. The present popular lens is, to our surprise, the Bausch and Lomb Soflens. Being from the states, we were the "instant experts" and quickly became involved in helping student evaluations. It was explained to us that because of economic — everything in London is expensive — U.S. made lenses were becoming very popular. Dr. Richard Pearson, chief of contact lenses, provided information on soft lens torics, bifocals and extended wear but also stated their success was minimal. Again they are now looking to the United States for guidance. One comment about the students — they are required to ear ties and dress slacks whenever they are in clinic. Most equipment is provided for them, thus they don't carry the huge cases ICO students do. In asking about loss of theft, the general response was that it is just unthinkable. If you are in a professional school such unprofessional behavior as cheating or stealing is not tolerated and subject to immediate dismissal.

by Jan Jurkus, O.D.

The next portion of our trip was to spend a day in Fainborough at Hydron — Europe UK. We were greeted, served tea and informed of the days activities. Lectures, tours, computer displays were ready for us.

Judith Morris of Moorfields Eye Hospital presented information from her investigation of the effective oxygen transmissibility of hydrophilic lenses (Dk/L). She explained the amount of oxygen available to a cornea covered by a contact lens depends on many factors — the tears, temperature, lens water content, thickness, coating — to name a few.

Next, William Sammons, director of lens design at Hydron, presented a talk on the complications of swell in hydrophilic lenses. Using matrix algebra (remember studying that stuff?) and computers he told us how manufacturing designs came about. During his presentation it became evident there is alot of planning that goes in the creation of a soft lens.

The final presentation was given to John Lark of the Contact Lens Research Unit. A film depicting the Units work was shown then a discussion of problems with extended wear lens was presented. In addition to edema, vascularization and lid problems, the complications of microepithelial cysts was explained. Apparently the dystrophy gets more intensive after C.L. removal and persists for some weeks after non-wear.

A tour and first hand view of the manufacturing followed lunch. We saw the creation of a Hydron lens from the mixing of the polymers, to the lathing, lazer marking, hydration and final labeling. A computer lens designing demonstration concluded our tour. The day at Hydron ended in a discussion of future developments such as improved torics and bifocals. In all, the entire time spent there was truly an educational experience.

Another day brought another learning experience. We bused to Windsor to visit the Keeler Equipment Company. Equipment display included ophthalmoscopes, low vision sets, binocular indirects, metal detectors and more. We actually got to see the makin gof equipment, lenses and instruments.

Once more, this day gave us insight into all that involved in providing ophthalmic equipment.

All of us came back to the states with a much greater understanding of the similarities and differences in the eye care field. The trip was truly a great educational experience!

CAN OPTOMETRIC ASSOCIATION



Left to Right: A. Perrine, UAB and AOSA Public health Chairperson; K. Blair; B. Skuza, O.D. at Public Health Meeting (see article below).

Public Health News

Kevin Blair

The American Public Health Association (APHA) held its 108th Annual Meeting in Detroit, Michigan. The title of this year's convention was, "Crisis in the Public Sector: Challenge to the Public's Health." This meeting also marked the first anniversary of the Vision Care Section of APHA. General administrative and planning meetings were held by the Vision Care Section, as well as five scientific and contributed paper sections.

ICO was represented by two faculty members: Dr. Jonathan Goldman, secretary of the Vision Care Section; and, Dr. Joan Polcar, who presented a paper entitled, "A Survey of Visual Services Available to Retarded Persons Institutionalized in Illinois." Two students from colleges of optometry attending were Alinda Perrine, UAB, the AOSA Public Health Chairperson, and Kevin Blair, Director of Public and Community Health, from our school.

In other public health related activities, two speakers have given talks to ICO students. John Whitener, O.D., M.P.H., from the AOA in Washington, D.C. discussed, "Alternatives to Traditional Optometric Practices," and Lester Caplan, O.D., M.Ed., spoke on, "Jobs in the Public and Indian Health Services." In addition, weekly in house vision screenings have begun. Fourteen ICO students from all four classes screened children from St. James Elementary School on two different occasions. The screenings, which will continue in the future, are held in Rodriguez on Thursday mornings under the supervision of Dr. Karen Robertson.

EDITORIAL:

WINTER BLAHS

by C. Fencken

January in Chicago can be the pits...so can February and March! Add to that being stuck here on the south side, studying for boards — it's enough to depress anyone.

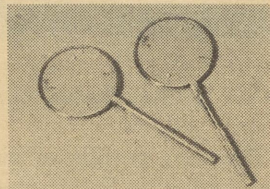
Returning to school after Christmas break seems to get more difficult each year. There's so much to do and so little time. It's dark when the alarm goes off in the morning and it's dark as the car leaves ICO at 5 pm...or 6 pm...or 7 pm...or later. Winter boots and coats don't seem to fit in a locker crowded with clinic case and briefcase. Football season is over! Post-holiday depression hangs in the air, cold drafts permeate the bedroom, the bathroom floor is cold...cars must be shoveled out, classes may (or may not) be cancelled — and nobody knows for sure! It hardly seems worth

the effort to bundle up, shovel out, and get out on the town...it there's time after labs, classes, clinic, studying for boards and midterms, and everything else that's required.

Temper begin to shorten as the pressure builds and socializing lessens. Fourth year interns search for practice opportunities; second year faces their first boards. First year has their first Chicago winter, and third year has enough classes to supply a state university.

Unfortunately, there's no magic to turn the calendar ahead to May...but a few extra smiles and a little less hype could go a long way in making this winter tolerable. But take heart — death and taxes aren't the only certainties in life — spring will come again! *Hang in there!*

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FELLOWSHIP

The Illinois College of Optometry initiated a Post Doctoral Clinical Fellowship Program September 1, 1978. The purpose of this program is primarily to prepare recent graduates from any accredited school or college of Optometry in the United States and Canada for careers in optometric education, and secondarily to provide advanced experience in specialty areas of optometry. Emphasis is placed on scholarly pursuits, developing clinical, laboratory, and didactic instructional skills, and direct academic and clinical backgrounds. Appointments will begin on or about August 1, 1981. A complete position description is available upon request.

Anthony Nizza, O.D., F.A.A.O.
Director of Fellowship Program
Illinois College of Optometry
3241 South Michigan Avenue
Chicago, Illinois 60616
Phone: 312/225-1700, Ext. 472

"QUIZ"

Question: How many of the following organizations and associations can you name?

1. AAO
2. ACOP
3. AOA (easy)
4. AOSA (easy)
5. AOF
6. ASCO
7. COVD
8. FERV
9. NOA
10. NBEO (easy)
11. OEPP
12. ORI
13. VEF
14. VSP
15. VOSH

Answers: Each organization's name, address, and objectives are posted on your classroom bulletin board. This list was compiled by Stuart Glass, Chairman of the Committee on Assistance to Graduates and Undergraduates.

PSSST.....

The *Green Bay Press-Gazette* recently reported that anisocoria may occur from the use of spray perfumes. Some sprays contain belladonna alkaloids, causing the pupil difference. Neurologists routinely ask an anisocoric patient if s/he has been using a spray perfume recently.

SUMMER INTERN INFO

In the Past B&L has partially funded the AOA/AOSA Placement Service and a Summer Internship Program in St. Louis. This position provides clerical assistance to the Education and Manpower Division of AOA, along with the observation of the overall AOA activities. This internship usually lasts 8 weeks and is set up to include some time to do grand rounds at Barnes Hospital and at the St. Louis Optometric Center, which performs services to the economically disadvantaged. Students who may be interested in this position should prepare a curriculum vitae and submit it to the AOSA office.

AOF

by Lori Wassmann

Do you remember Hirsch and Wick? Of course not. Well, how 'bout Ernie's class? No, not G.O. His other class. The one that didn't cause indigestion. I think he called it "Profession and Science."

Let me jog your memory. **The Optometric Profession** is a book written by Hirsch and Wick and assigned by Dr. Tennant. On pages 155-156 they discuss the American Optometric Foundation. The purpose of AOF is to encourage research and develop trained optometric educators through research grants and funding of post-O.D. education.

AOA, AOA, OEP, OO, GO. How can you keep track of all those "O's"? You can't. You couldn't even remember a 3 quarter class you took less than 4 years ago. But those "O's" are important. They affect you and the profession you hope to practice. That's why there's an AOSA. It's there to sift through all the available information for what's important to you, a busy student, as well as a future optometrist.

Thank you. Now you can resume dreaming about the "O" in O.D.

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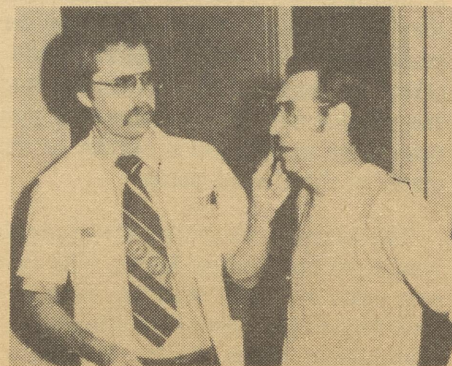
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SCREENING SUCCESS

Ed note: This article was held over from the last issue so that we could include pictures received from the Andrew photographer.

Almost 500 employees of Andrew Corporation, in Orland Park, went through a vision screening held in their plant in late October. 60 interns participated in the project, working various shifts which encompassed 8 a.m. on the first day, and 6 a.m. to 10 a.m. on the second day. Employees from all three shifts were seen, with a turnout of about 60%.



(Left) Roger Blank checks acuities at station 2 while (Right) Rod Roebuck runs the NCT.

This was the first vision screening project at Andrew, something the plant nurse had been looking forward to for some time. Posters were placed throughout the plant, and Andrew took care of all the sign-up responsibilities. Employees were even allowed to come to the screening on company time.

Management was enthusiastic about the screening, and several company officials commented on the professional attitude of the students involved. To show their appreciation, Andrew is contributing a check to the Clinic Equipment Fund.



AOSA NATIONAL POSITIONS

AOSA is comprised of an executive council, executive director, trustees, chairpersons, liasons, and consultants. Names are now being taken for the 1981-82 National Chairpersons, Liasons, and Consultants. Appointments are made by the President of AOSA. If you are interested or have any questions please contact Colleen Howe, Box 215. The positions available are as follows:

AOSA Committees (1981/82 appointment year)

- Assistance to Graduates and Undergraduates (AGUC)
- Community Health (CHC)
- Education (EC)
- Legislative (LC)
- Minority Affairs (MAC)
- Paraoptometry (PC)
- Student Services (SC)
- Sustaining Membership (usually filled by person elected VP Finance) (SMC)
- Undergraduate Relations (URC)
- Women in Optometry (WIOC)

AOSA Liaisons

- American Optometric Foundation (AOF)
- Armed Forces Optometric Society (AFOS)
- Association of Schools and Colleges of Optometry (ASCOO)
- College of Optometrists in Vision Development (COVD)
- International Board of Examiners in Optometry
- (National Board of Examiners in Optometry (1981/82 position filled by two year appointment of Jim Reeves per request of NBEO for continuity of programs) (NBEO)
- National Optometric Association (NOA)
- Optometric Extension Program (OEP)
- Vision Education Foundation (VEF)

AOSA Consultants to Areas of the American Optometric Association

Recommendations are made by the AOSA President to the AOA President and appointments are made to the various divisions and sections of AOA as necessary. Areas covered are Communications, Education and Manpower, Governmental Affairs and Primary Care divisional assignments; Membership Development Committee; and Sections on Multidisciplinary Practice and Sports Vision.

SUMMER INTERN PROGRAM:

The AOA/AOSA Placement Service and Summer Intern Program have, for the past several years, been partially funded by grants from Bausch & Lomb. While information regarding future funding of these programs is not available at this time, students who might be interested in the summer intern position should prepare a curriculum vitae and submit it to the AOSA office.

The summer intern position provides clerical assistance to various AOA programs. While the position is located in the Education and Manpower Division of AOA, the student has the opportunity to observe overall AOA activities through intradivisional relationships. The interns who filled the position in 1979 and 1980 had the opportunity to spend one day a week at the St. Louis Optometric Center and to do the grand rounds at Barnes Hospital.

BOOKS FOR SALE

AOSA is selling booklets from the Texas Optometric Association. They are "What did You Say, Doctor?" and a "Card Guide for Deaf and Spanish Patients". The cost is \$3.00 and \$8.00 respectfully, or both for \$10.00. Both booklets are now on display in the bookstore, along with the order forms. Make your check payable to AOSA.

OPTOMETRY IN THAILAND

"It was great! The best experience I have ever had. If it was not for final exams, I would still be over there!" These are my most common responses to people when they ask me how my trip was to Thailand. During the Fall quarter, Dr. Denise Thanepohn, an 1980 ICO graduate, and I spent five weeks in northern Thailand experiencing life in the Bam Nam Yao refugee camp. We were sent there by members of the Wisconsin Indo-China Refugee Relief Coalition (WICRR) who also sponsors medical doctors, nurses, nutritionists, and lab technicians. Our mission was two-fold: to deliver eye care to the Hmong refugees from Laos and the Thais in surrounding villages, and also to survey the population for ocular pathology to assess whether there was a need for an ophthalmologist.

We worked at the Tom Dooley Hospital which was located just outside the camp. Working conditions were crowded. Denise and I shared a seven foot by seven foot examining room with two patients and an interpreter. Our patient load varied from day to day. The patients came in on a voluntary basis. Most of the refugees had never had any kind of eye care and did not realize that their vision could be better. Therefore, they did not come to see us. News that we were there traveled by word-of-mouth so it is probable that many people who could have benefited from an eye exam did not, simply because they did not know our services were available. Even with this lack of communication we had enough patients to keep Denise and I busy all day. Many of the patients were referred to us by the M.D.'s in the hospital. We worked closely with them in diagnosing and treating an ocular diseases. Pathology included many cataracts, glaucoma, vitamin A deficiencies manifesting Bitot's Spots, trachoma, corneal ulcers, acute glaucoma, corneal opacities, anterior synechias, keratitis, conjunctivitis, pterygia, serous retinal detachments, contusions to the back

of the eye, avulsed nerve heads, and orbital cellulitis.

As far as the refractive error is concerned, it was generally low. Most of the spectacle prescriptions were near adds for patients over age 40. These were necessary to the Hmong refugees since their livelihood is needlework.

Denise and I spent several days conducting vision screenings in the schools. This was done in conjunction with physical exams that the nurses were doing. The biggest problem we encountered was Vitamin A deficiency.

There was only one major hang-up during our whole trip. The six thousand pairs of glasses that we neutralized, sorted, and packed got stuck in customs in Bangkok. It was a red tape affair that still had not been resolved by the time Denise or I left. It was quite a disappointment for both the patient and us to examine them, and then send them away with a little piece of paper with their Rx on it and instructions to come back when the glasses got in. The hold up was simply a product of bureaucracy that we had no control over. We did conduct a dispensing seminar for the M.D.'s and nurses so they could dispense the glasses when they finally arrive.

Life away from the hospital was rather slow and relaxing. All of the health care personnel lived in a town 26 kilometers from the camp, Pua, population 1800. Health care teams from the U.S., France, Ireland, Great Britain, and Australia each had their own house. The houses were made of wood mounted on stilts. Ours had a real treehouse-like atmosphere to it — very open and airy with lots of bugs and lizards and a few mice hanging around. I was horrified at first, especially when I saw the bathrooms. Their version of a shower is a bucket full of cold water over your head and their toilets are not exactly the Western style commode. I adjusted quite readily though, and by the second day I felt pretty much at home. One house had three bedrooms, a rather bare kitchen, the bathroom, and a common living area.

COMEDY REVIEW!

by Rodney Schpok

A definite *must* for anyone looking for an evening of terrific stand-up comedy is a trip to **Zanies**. Located in the heart of old town at 1548 N. Wells, Zanies is one of the few places in this metropolitan area where you can catch aspiring young (and/or more mature) comics whose material is fresh, witty, personal, and a few times on the edge of slightly naughty.

Our fraternity, PHI THETA UPSILON, recently had a Zanies party. Twenty five of us attended a Sunday night show where we saw and heard four stand-up comedians present their material. Each one had his own unique style, whether it be sitting and playing not-so-usual songs at the piano or acting out situations being described. The two hour show ran well over the allotted time and there really wasn't a moment during the entire evening when someone wasn't laughing.

Besides for the great comedy routines themselves, the Zanies staff made our night there very pleasant by arranging all the details in advance. They seated us at two rather large tables near the front. Our fraternity "special" worked out with the owner was for unlimited drinks of beer, wine, pop, and coffee during the show at a cost of \$6.00 per person. (PTU Members paid only \$4.00 as the frat sub-

sidized the rest). I must commend the Zanies management for really living up to this deal — you could hardly ever find an empty glass on the tables as the astute waitresses kept the drinks flowing at steady and constant pace. Food is not served at Zanies but free popcorn abounds!

Best of all, however, was the fact that the comics were tipped off ahead of time that there would be a "college" in the audience. A couple of them made good use of this fact and picked up on some good "personal" jokes about Optometry and even singled out a few of our members as subject matter. Everything said was in good fun, and that personal touch for our fraternity really added to the evening.

If you don't go as a group, there is normally a cover charge of \$3.00 on Friday thru Sunday nights or \$2.00 on Tuesday thru Thursday, with a two drink minimum all the time. If you do have a group outing there, you can arrange it by calling 337-4027 and asking for Rick (the owner). He is very accommodating and friendly.

I congratulate Zanies for putting on a fine show at a very reasonable price. I strongly suggest a trip to Zanies for anyone in search of a relaxing evening of great stand-up comedy. After all, the Chicago Experience should not only be seen, but also heard!

by Joyce Miller

Luxuries were electric lights and a refrigerator.

Our house employed a maid and a cook. Since there were no laundromats, all of our wash had to be done by hand. That was the maid's job. The cook went to the market at 4:00 A.M. to buy food for the day and also prepared breakfast and dinner for us. We ate rice every evening with two of three other dishes that were usually seasoned with curry, hot chilies, or coriander. The food is rather spicy and greasy, but very delicious. I and my rolads got along fine.

Leisure time was spent visiting back and forth between the medical team houses, shopping at the village market and stores, playing cards, reading paperbacks, having my hair braided at the local beauty shop, and swimming at the waterfall.

Living conditions in the camp were even more primitive than ours in Pua. Their houses were barren, one room, grass huts with dirt floors. Furnishings included a few boards to sit on, sleeping mats, and some shelves for dishes and food. Conveniences did not exist. However, most of the Hmong in the camp accepted the way of life there and did not want to be relocated elsewhere. For many, this has been their home for five years and to adjust to another culture would be difficult. Many of the younger ones want to move to the U.S., but because their parents are against it, they will not break family ties to do it. It is a sad situation and one that is difficult to resolve.

Many people contributed to make this trip possible. A big thank you goes out to Dr. Bob Brenart Liz Cook Walman Optical Japan Airlines United Airlines and SVOSH

In summary, it really was the best experience I have ever had. It is difficult to put into words the feelings and emotions that you get when you see how much suffering these people have had to cope with and they still are so warm and friendly and full of smiles. I definitely want to go back someday. Hopefully, soon.

BOARD REP.

As the national board anxiety begins to increase some students and faculty concerns were brought to my attention. Through the help of Jim Reeves, AOSA liaison to the NBEO, I have received the answers to several questions from Norman E. Wallis, Executive Director.

The questions are as follows:

1. How were faculty representatives and chairpersons chosen to serve on the committees? All are colleges represented or only a certain few?

***The following criteria were used in the board selection:

a) one member of the committee from every institution — no more than two.

b) people selected were subject matter experts.

c) faculty representation equaled non-faculty, with the exception of the Visual Science Section due to the subject matter.

d) practitioner and recent graduate representation positions were held by practicing members of NBEO and others with recognized expertise and experience.

e) chairpersons were selected by the committee members.

2. Was the question distribution, from the topical outline, decided upon before the exam was constructed?

***The distribution was decided before the exam was constructed, though the Visual Science 2 Committee made some modifications. The number of items were derived by each board member for their particular section.

3. Is emphasis being placed on test security — when faculty return to their colleges?

***Dr. Wallis feels that no faculty member would violate the confidentiality of the exam. It was felt that students may be misled to believe that their faculty is emphasizing certain topics and therefore it will be on boards, when in fact it may not.

Though you may have your doubts, the NBEO Committees are putting a sincere and dedicated effort into the board improvements. If you have any more questions concerning this matter contact Colleen Howe, Box 215. Remember, we do have student representation with NBEO through AOSA. Our voice will not go unheard!

POETRY

by Alvin M. Winegard, M.D.
contributed by Peter Weil

To see again the flowers, the trees.
The pretty girls in summer's breeze,
To "slice" a golf ball midst the trees,
And pick it up again with ease!
Brother! You know right there and then
To "see again" means "born again".

HUMOR

by Mark Spankowski

Q: What late 1950's song goes contrary to current optometric thinking?
A: "Eso Fine".

Q: What famous fragrance is well-suited for wear by optometrists?
A: O.D. Cologne.

Q: What popular recording group is making an album entitled, "Music to Fit Contact Lenses By"?
A: CLs and Crofts.

Going home for the holidays? BRIDGEPORT TRAVEL

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Lynn

ICO MINORITY DAY...

"Take a Close Look, You Might See Optometry In Your Future," was the theme for Illinois College of Optometry's first annual Minority Optometry Day sponsored by the National Optometric Student Association. The event held on Wednesday, November 5, 1980 at the school's facilities was designed to expose Chicago's area high school and grammar school students to the optometric profession and the opportunities available to them, thus increasing the applicant pool for minority students at ICO.

Over 70 high school and grammar school students counselors and local minority optometrists participated in the event. Our distinguished guest speakers in the persons of Dr. Edwin Marshall, President of the National Optometric Association, Dr. E.R. Tennent, ICO-Professor, Mr. Greg Petty, ICO-Dean of Students, Ms. Floretta King, Financial Aid Advisor, Dr. Darryl Taylor, Executive Director of ICO Clinic and Dr. Joseph McCray, President of Chicago Central City Optometric Society and ICO staff, provided the students with pertinent information pertaining to the optometric profession.

The students were also given the opportunity to view first hand information pertaining to the optics of the eye and ophthalmic material via the tour of the school and demonstrations throughout the college and clinic.

A complementary lunch was provided by the college and the students were invited to return for an eye exam absolutely free of charge. Students wishing to obtain further information were invited to participate in our "Big Sister" program, a newly formed program in which the students may visit the school and spend a day with NOSA members in class, labs and clinic.

This is one of a series of events entitled Project Minority Recruitment. The NOSA has also participated in Career Days at several area colleges and high schools, distributing literature and talking to students and counselors about the optometric profession.

Programs such as this held yearly will be beneficial in educating the public about optometry and recruiting interested students into a very dynamic and rewarding health profession.

Joyce Ramsue
President, ICO-NOSA

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A special THANKS to the following companies for their \$100.00 contributions to the AOSA Houston travel fund:

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HAPPY BIRTHDAY, MARK HASSINGER!

SPORTS VISION

Sports Vision is a new section of the AOA, formed in 1978. Dr. Donald Getz, who spoke at ICO in the fall, was the first chairman of the section. The purposes of the Sports Vision Section are to: (1) Enhance vision care of the public served by practices providing Sports vision services. (2) Promote, advance and enhance the identity of optometry as a provider of these services. (3) Provide a forum for AOA members having an interest in this area. (4) provide a source of information on this subject to the profession and to the public. The July 1980 issue of the **Journal of the AOA** was devoted to sports vision care.

A sports vision practice allows a rare combination of our profession with our interests in sports. This past month I had the opportunity to speak with Dr. Arnold Sherman, present chairman of the AOA-SVS.

Dr. Sherman welcomed all student members as he recognizes the importance of increased interest in sports vision by future Doctors of Optometry. Student membership is available to AOSA members for annual dues of \$15.00. Membership includes a SVS certificate and a subscription to the SVS newsletter. Please turn applications in to Box No. 93, with checks payable to AOA-SVS.

Frank A. D'Apollito
AOSA-SVS Liason

NAME _____
SCHOOL _____
CLASS OF _____
MAILING ADDRESS _____

I certify that I am an AOSA member at the above school. I enclose \$5.00 to cover the annual dues for student membership in the Sports Vision Section of the AOA. (Make checks payable to Sports Vision Section)

Signature _____

SPORTS REPORT

by Rich Baim, co-director of sports

The second half of the ICO Intramural football season began October 19 and produced few surprises. The first game that week had Kent Aide's team shutting out Mark Hassinger's squad 24-0. Aide himself directed the attack and had a hand in all four touchdowns. He ran for two TDs and passed for two more. Despite the score Hassinger's team played some good old-fashioned knock-em-down football (attention Dave and Carl!) Game two that week saw Spence Vidulich's team blank Dave Heesch's team 29-0. The combination of Pete "Hollywood" Kurtz to Brad "the angular" Richter produced three touchdowns. A strong defense led by Frank Greteman helped secure the shut out. The late game had Leland defeating Gelb 13-12 with the help of a strong goal line stand as time was running out in the game.

On a frigid, wind-swept Sunday morning, October 26, the schedule resumed. Aide's team started off the day with a 33-0 bombing of Heesch's team. Aide filled the airways with TD passes to Andy Clark and Herb Pastucha and also managed to catch a TD pass from the versatile Mick Berk. Another game had the first year team led by Gar Christenson humbling the third year team captained by Mark Hassinger, 27-6. Christenson combined with Bob Dickey for three TD passes as Hassinger had a difficult time covering the high leaping Dickey. The last game that day had Vidulich remaining undefeated by beating Leland 18-0.

With three out of the four playoff positions still undetermined, the regular season dwindled to a close on November 1. The schedule featured Hassinger vs Gelb for fourth place and the final playoff spot, and Kierstead vs Aide for second place. Hassinger's third year team mustered all their experience and toughness to dominate play and left Gelb's first year team to get ready for the basketball season by winning 22-6. The quarterback ran for two TDs and passed for another as Hassinger's team controlled the tempo and the clock. The battle for second place was less eventful as Aide's squad methodically beat an undermanned Kierstead team 22-7.

The playoffs started and ended on November 9. The first semi-final match pitted Hassinger vs Vidulich. It was a bitterly fought game with Vidulich surviving 12-6. The only scoring in the first half came on a Kurtz to Richter four-yards pass. The try for the extra point was unsuccessful. Both teams continued to play cautious football in the second half. With four minutes left in the game Hassinger's team scored the tying touchdown on an eleven-yard pass. Hoping their tough defense would get the ball back, Hassinger kicked off to Vidulich.

Vidulich's team utilized their time outs and the clock as they marched downfield. With 1:50 left in the game QB Kurtz passed to Richter for the winning touchdown. Hassinger's squad could not score in their final possession and the game ended 12-6.

The second semi-final game matched Aide vs Kierstead. Aide's team won 12-6.

All of the scoring in the game occurred in the first half as both defenses toughened in the second half. Aide's team started the scoring on a trick play. The ball was hiked to Aide who lateraled to Mike Hilovsky, who then threw a 60-yard TD pass to an unguarded Steve Pruitt. With six minutes left in the half, Kierstead's team tied the game at six with a short touchdown pass. After an exchange of punts, Aide's team drove for the leading and winning touchdown. Aide capped the 60-yard drive by throwing a 10-yard TD pass to Scott Feldman as time expired in the first half. The second half featured few scoring threats and the game ended 12-6.

After a thirty minute intermission, Aide and Vidulich gathered their teams for the championship game. This was to be a rematch of the first game of the regular season in which Vidulich won 21-18. Once again the outcome was the same with Vidulich's team on top 18-12 in overtime, to win the title. Aide's team started the scoring in the first half on a 2-yard TD pass to Jim Koch. Vidulich then took possession of the ball and tied the game at six on a Pete Kurtz to Steve Brownmiller 60-yard TD pass. Both defenses toughened and little ground was gained until with 2:30 to go in the half Kent Aide scampered around left end for a 30-yards TD run. The first half ended 12-6 with Aide in the lead.

Vidulich's team took the second half kick-off and marched effortlessly down the field. Their opening drive culminated in score-tying 2-yard TD pass from QB Kurtz to Brownmiller. With both teams afraid of committing a crucial turnover, conservative football dominated the rest of the half. Time ran out in regulation play with the score deadlocked at 12.

A twenty-minute sudden death overtime period was required to unknot the tie and to determine the 1980 champs. Vidulich's team had the ball first but could not gain any ground and had to punt. Aide's team did nothing with their possession and also had to punt. This pattern continued throughout the overtime until, with five minutes left, on a fourth down play QB Pete Kurtz spotted Brad Richter open in the end zone and delivered the ball to him for the winning touchdown. Final score: 18-12.

Congratulations to the 1980 ICO Intramural Football Champs, captained by Spence Vidulich and containing the following members: Steve Brownmiller, Norm Blase, Dave Tabak, Reed Bro, Rodney Fond, Mike Shulkin, Rob Barnett, Pete Kurtz, Jim Costello, Frank Greteman, Brad Richter, Dave Plumonden, Mark Lekas, Tony Bauer, and Bob Leach.

Final Standings — Regular Season

NAME	W	L	PCT	PF	PA
Vidulich	5	0	1.000	93	18
Aide	4	1	.800	126	33
Kierstead	4	1	.800	110	50
Hassinger	2	4	.333	55	63
Leland	2	4	.333	13	75
Gelb	1	4	.200	46	73
Heesch	0	6	.000	12	145

FOREMOST LIQUORS

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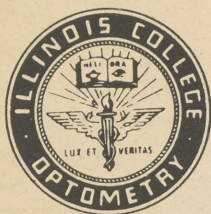
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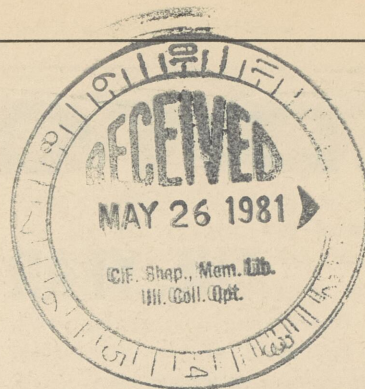
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the FOCUS



VOLUME 1, NUMBER 5

MAY, 1981

Progress is not created by contented people — Tyger

138 HOSTAGES TO BE RELEASED MAY 31!

Arrangements have finally been made to release 138 student hostages, all of whom have been held at the Illinois College of Optometry for almost four years. The release is scheduled for May 31st, at which time documents authenticating the release will be given to each hostage.

Over the past four years, the students have held up amazingly well. Friends and relatives indicate that, although the hostages suffered varying degrees of mental cruelty and periods of depression while being held captive by radical educators, when the students were allowed

to visit relatives they seemed calmly resigned to their imprisonment. Psychiatrists have voiced concerns that the students will react adversely to the sudden change to freedom with its accompanying fanfare. They caution that adjustment to normal daily life may be difficult.

To officiate at the release, President Reagan is sending Rep. Robert Whitaker to Chicago. Once the release of the hostages is complete, negotiations on conditions to release some 150 student hostages, held by the militant educators since September of 1978, will begin.



FOCUS UPDATE: CLASS OF 1978

A recent salary survey for the Class of 1978 produced responses from about two-thirds of the class. Job satisfaction was rated on a 1 to 5 basis, with 1 being low to 5 being high. The difference in satisfaction between those in individual, partnership, and associate practice seems to be significantly different from those in commercial practice. This is despite the early monetary benefits of commercial practice.

Total Number of Replies: 99
Total Job Satisfaction: 3.94
Individual Practice: 34 or 34%
Avg. Job Satisfaction: 4.34
Partnership Practice: 15 or 15%
Avg. Job Satisfaction: 4.40
Associate Practice: 13 or 13%

	Avg. 1st yr. sal.	Avg. 3rd yr. sal.
	\$18,370	\$28,372
	\$17,979	\$30,221
	\$19,493	\$32,200
	\$17,153	\$26,323

Avg. Job Satisfaction: 4.15		
Government, Military or Public Health: 9 or 9%	\$17,077	\$21,900
Avg. Job Satisfaction: 3.67		
Commercial Practice: 8 or 8%	\$26,275	\$34,687
Avg. Job Satisfaction: 3.13		
Optometric Group Practice: 6 or 6%	\$19,200	\$28,400
Avg. Job Satisfaction: 3.25		
Teaching or research: 4 or 4%	\$17,000	\$22,000
Avg. Job Satisfaction: 3.25		
Interdisciplinary Group Practice: 3 or 3%	\$19,500	\$28,333
Av. Job Satisfaction: 4.00		
Optometrist-Ophthalmologist Practice: 2 or 2%	\$19,700	\$27,200
Avg. Job Satisfaction: 4.00		
Those not presently engaged in the practice of Optometry: 2 or 2%		

EDITORIALS

THE YEAR IN "FOCUS"

by
Rodney Schpok

I find it impossible to put this last issue of Volume I to bed without writing a few words about what has transpired this last year. This may not be as dramatic as Walter Cronkite leaving the CBS News, but as departing editor of the Focus, I find myself compelled to do this.

What started out last May as just an idea between two crazy third year students actually materialized into the "new" Focus. I honestly didn't think Cindy and I could pull it off with such success. After all, we started from scratch, with very little experience in actually beginning a newspaper. Little did we know that by the end of this year, we'd feel like Lou Grant and Mrs. Pynchon.

The search for a printer began last summer during our summer clinic. After a lengthy meeting with the operators of a southside press, we decided to go with them. Their price for 700 copies of a 4 page issue was \$250.00. And all we could expect from the student association was \$300.00, the customary stipend given in previous years. Thus, the next logical step was raising other monies through ads. We sent out letters to potential optical suppliers but the response was nil. We had better luck with nearby businesses when we personally visited them and explained the value of advertising in the focus. We managed to drum up some revenue that way but to publish the issues we wanted, we found it necessary to approach the ICO Alumni Association for some funds. They graciously gave us the money we requested and the Focus kept growing!!

When issue number one came out, it became an instant collectors item. The "new" Focus had arrived! But just a few days after basking in the glory of the new paper, we quickly realized that work must begin on the next issue. And thus we went through the whole thing again. Issue number two made me an instant celebrity as my name was distributed to all of ICO in a reply to a controversial editorial I had written, concerning student notetaking funds and other misappropriations. Well, that's just all champagne under the bridge now and most of the ICO student body decided for themselves who was right and who was wrong.

The third issue was not controversial, spectacular, or overly outstanding, but it contained a wealth of information for everyone. Then the fourth issue, a parody of the national Enquirer, came out just before boards. What better time for some humor? We really had a lot of fun doing that issue.

This fifth issue is finally the culmination of a year of hard work. It has more paid advertising than any previous issue and represents, hopefully, the way the Focus will be done next year.

But before I write any more on next year's Focus, there are a few sincere thanks that I have to get out. First and most importantly, I must thank my co-editor, Cindy, because I'm absolutely sure I could not have changed this Focus around by myself. She had a lot of great ideas this past year and is a whiz when it comes to laying the paper out. We did disagree a few times but never to the point of arguing. The differences in opinions were constructive rather than destructive! A friendship as well as a co-editorship developed between us and I thank her for that!

Second, we got an unbelievable amount of both physical and psychological support from Carl Maschauer. Despite his overwhelming job as Student Association President, where he did an excellent performance, he still managed to find time to help us. Carl took an active interest in seeing the Focus change, a definite credit to his presidency!

Third, I have to once again thank the Alumni Association because with out their financial support, the "new" Focus may have slipped back to the "old" Focus.

Fourth, many thanks go out to all those, both students and staff, who submitted articles this year. Two in particular who always had good things to submit were Coleen Howe who gave us all the AOSA information, and Joyce Miller who kept us posted on the Alumni Association (as well as her trip to Thailand).

Finally, the most thanks go out to the student body in general. You received the "new" Focus with enthusiasm and many of you expressed your approval directly to me. After all, it is a student paper and we tried to give you what you wanted.

As for next year, I can only see more improvements. What Cindy and I have done this year is to lay a foundation. We got the thing going and hope that Marty Kornblatt and Larry Baitch, the new editors for next year, will have nothing but continued success with the Focus. And I'm happy to report that we're leaving them with nearly a \$200.00 surplus to get started next year.

There are many areas to improve and add. The Focus is far from perfect. Therefore I urge anyone interested in helping with the Focus next year to contact Larry or Marty. Remember, a school newspaper is only as good as the student body.

Once again, thanks! It's been a fantastic experience!

THE LAST WORD

by Cindy Fencken

May. This May is quite different from any other. For the Class of '81, this May marks the entrance into the "real world". We've been through four years of good and bad at ICO. The results of the questionnaire sent out to fourth year students (and printed elsewhere in this paper) give some insight into their feelings on ICO. I offer a few more.

What is the ideal staff doctor? One who is not purely academic, but who works with patients out in the real world. Someone who is up on current thinking, possibly someone with a philosophy of optometry brought from another institution. Someone who is helpful, considerate, intelligent, thoughtful, and polite. Not someone who is rude to patients and students, domineering or callous. Not someone who lambasts an intern in front of patients, who orders rather than instructs, or who is bored with the job. This is what students want and need. I will admit that students are not the ideal clinicians — we all have our faults — but we need good role models to follow.

Will future students be able to afford ICO? Many of the present students can't. We aren't expensive for a private Optometry school — but we're not getting cheaper. And we have no state funds to support us. There's no easy answer to this — but ideas must be seriously considered in the future.

Is anybody listening? Students feel alienated from most of the decision-making processes at ICO. We often believe no one cares about what we think. Witness the multitude of affiliated clinic changes. We need input that counts — not just input.

What happened to manners? I'm not the only intern who has been chastised for my attitude towards ICO employees. What about their attitude toward interns? Is it proper for a receptionist to call an intern "honey" in front of a patient? Is it considered the slightest bit rude for someone who is supposed to be in dispensing to be out of the building for an hour (and not on lunch)? Is it mannerly to smoke in the contact lens clinic or underneath a "no smoking" sign, and become abusive when politely asked to refrain? Why do interns seem a

little harsh? Because we get no respect. I bristle when I think of the intern who was forced to wait to present his case disposition while two staff doctors consulted about the merits and prices of different varieties of cameras. Unfortunately, being patient and polite never seem to get the job done.

How are the first year students? I'm sorry I didn't get to know you better. It's too bad schedules are such that there is little interaction between your class and mine. I feel bad about it — you'll be my colleagues some day and I guess I should have seen if I could help anyone through the rough spots. Good luck to you.

Many thanks to some of the excellent staff I've had here — your names came up in the survey — you have been instructive and considerate and I thank you for teaching me some lessons I will always remember. Thanks also to the class instructors who always had an open office door and a word of encouragement, and to those who enjoy teaching and share their enthusiasm.

The little parties thrown by the Alumni Association seemed to lift spirits for a few days — it's amazing what a glass of cider or an Easter egg can do.

The parking lot is here — a welcome alternative to parking on the street.

To put four years into perspective and write a little about what those years have taught me is a difficult task. I started here at age 21 — just four years ago. I'm a different person now than I was then, yet essentially the same. It always seems a shame to me that school comes at such an inopportune time in life, a time when people are going through some of their biggest changes. At times it feels like everyone I know is far ahead of me, and that I have so much of life to catch up with that I'll never quite recover some of what was lost. I've heard many of my colleagues say the same thing — but only the next few years will tell whether or not everything has been worthwhile.

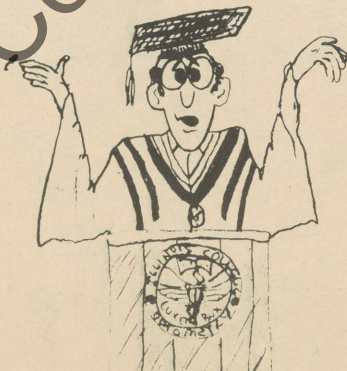
It is my sincere wish that all of you will achieve whatever it may be that will make you truly happy with your lives. Best of luck to everyone. "Take time to smell the roses..."

EVOKED RESPONSE

by L. Baitch



ICO PRESIDENT,
I AM ESPECIALLY HONORED
TO ADDRESS YOU THE
GRADUATES OF 1981!



SOME OF YOU MAY ASK: "HAS ICO
PREPARED ME FOR WHAT AHEAD?
(WILL I MAKE IT OUT IN THE REAL
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AS "EYE" SEE IT

by Rodney Schpok

Editors Note: This editorial was written on April 3, 1981 at 2:30 a.m.

A few weeks ago while I was walking up to my apartment building, arms filled with a bag of groceries, I heard someone yelling "Doctor, . . . Doctor." At first I figured whoever was doing the yelling was calling out to a man walking away from me. But as he moved further away, the yelling moved closer to me. When I turned around, there were two little girls on roller skates coming towards me. It took me a minute to recognize them but I realized that the smaller one had been a patient of mine the week before. I stopped and talked with her and her sister for a little while. Both were truly happy to talk with me and I asked them questions about their skating, school, and other things. My patient said she had really enjoyed the eye exam and was looking forward to her new glasses.

Another patient, in visual therapy for accommodative problems arrives early for each session. Previous to our meeting, he was having scholastic problems, in and out of an EDH class. The therapy routine really caught his interest, he honestly enjoyed coming in for the sessions and we had a great time together combining fun with visual exercises, to benefit him. Twice he brought me cookies that he had baked on his own.

My eighty year old monocular aphakic contact lens wearer lost her lens a few months ago. I was kind of glad she did because it gave me an excuse to see her again. Replacing the lens was routine although I know she appreciated it very much. At the same time I got a chance to adjust her new reading glasses that the

dispenser elsewhere neglected to do. We spent about 45 minutes talking of worldly matters — she writes articles for scientific magazines.

What's the point of these stories? I guess they sum up my feelings about optometry and my clinical work here over the past two years. The profession is a chance to have a total stranger become your friend following an exam. It's having a five year old go out of her way to talk to me. It's having a patient bring me homemade cookies. It's spending a few minutes with an incredible interesting elderly lady. That's what this profession means to me, and that's what it's all about!

I haven't felt like this towards all my patients but the few special ones really make it worth it in the long run. Optometry is *NOT* memorizing ridiculous trivia for boards. Optometry is *NOT* having to chase down a staff doctor for a signature. Optometry is *NOT* having to go to an 8:00 class.

Optometry *IS* giving a complete eye exam to a patient, doing what's in the best interest for that patient, and making a total stranger your friend. And when I look at our profession in that manner, I can put all this board mess into its proper perspective.

At the time of this writing, I have no idea of how my boards will turn out. But as I study for them and memorize small trivial facts found only in the small print under an obscure graph in Borish, I must constantly remind myself of the five-year old girl on roller skates, the VT patient who made me cookies, and the eighty year-old fountain of information. For it's these aspects of this profession "that it's all about".

ADMISSIONS: WHAT THE FUTURE HOLDS

by Martin Komblatt

Admissions to schools of optometry and particularly ICO are a source of anxiety for more than just applicants. The number of applicants to the ICO Class of '85 is just 450. This may seem an alarmingly low number but it is actually only a subtle change and will have no major effect on ICO, at least not this year.

There has been a continuous drop in applicants in the past years. The greatest drop, 30%, has occurred this year but this has followed an average drop of 20% over the past 4 years. This may appear drastic but should be put into perspective. It is part of a phenomenon occurring nationwide at other optometry schools and in other health science fields. Optometry, in fact, considers itself in better shape than other health fields such as podiatry and dentistry even though it has sustained the greatest drop in applicants. It has been able to cope with such a drastic decrease because 5-6 years ago optometry was in far better shape.

The January test date for the OCAT has been dropped and there has been a 13.5% drop in test applicants. Some optometry schools are planning to cut class size by as many as 20 students. ICO has not formulated its plans but the Board of Trustees met the week of May 11th to discuss the issue. The Board intends to maintain class size this year without changing minimum requirements, but has not formulated plans for next year. The administration, ASCO and the AOA are all concerned.

It should be realized that the minimum standards for admission are at this point maintained. It is only the mean GPA that is lowered for the class. There has been no significant demography or geography changes in the applicant pool and the same embarrassingly small percentage of minorities, especially blacks,

remains. Since GPA has never been correlated clinical with performance in optometry school or in the profession, there is no reason to fear a decline in the calibre of the future members of our profession. And although capitation mandates have been dropped, it is not likely that there will be a problem filling the class which is expected to include 155 students.

But there is cause for concern on our behalf. It will be difficult to manage with another 30% drop in the number of applicants. The AOA is conferring with ASCO on this issue. Dr. Rosenbloom has sent out letters to alumni including an ASCO brochure and asking alumni to approach interested and capable potential applicants. There is no reason why students should not be involved in a similar activity. The summer vacation is an excellent opportunity to approach prospective students, to seek out men and women that may become assets to the profession.

This year will bring more than 1000 graduates to optometry but we can look forward to a smaller number in the future. This does not necessarily reflect negatively on optometry but is more likely a function of the decline in the number of college graduates, their financial situation and the attractiveness of other fields. Nevertheless, to safeguard our professional future as well as our immediate future at ICO, it is important to be aware of the status of admissions. Though the immediate situation is not desperate, a substantial reduction in the number of graduates at a time when many members are leaving the profession certainly would be cause for concern. The effect that a substantial decrease in the number of admissions to ICO could have is not known.

SOME PARTING WORDS

As my final year at ICO comes to a close, I would like to offer some food for thought.

Many of us have moaned and groaned at various times in the past few years about ICO, about the quality of our education, and about optometry in general. Yet what have most of us done about it? NOTHING. We forget that as students, we do have some say in how this institution does function, as well as what direction optometry will take in the future. All too often we have let the actions of a few suffice for all. I only hope that many of those in the silent majority at ICO do not become part of the silent majority of optometry after graduation. If we are to survive as a profession we must become involved and make commitments at all levels. Let's see some of the silent ones offer some of their time to better serve our educational needs and our future profession.

One of the guiding ideas of an educational institution is to be able to offer unlimited resources to its students to enable them to learn as much as possible. This is so we can draw on our past experiences when presented with a difficult situation in the future. While the educational process at ICO is not par excellence, we are presented with enough situations, whether it be in clinic, in class, or in the affiliated areas, to enable us to better handle patients when we are on our own. My best advice to you is not to limit your scope of knowledge while at ICO. Avail yourself of all its resources. Learn as much as you can, don't just go through the motions. Enough unusual cases pass through ICO's doors each year for all of us to share in them. Work as a class together to help each other and share patient loads with one another. There is no SCU contest at ICO. Rather than hoard patients, try to distribute them more equally. Everyone will better benefit from this.

The rotation system set up in the Visual Therapy Department this year was a step in the right direction. A similar system should be established in the areas of contact lenses and low vision. But in establishing these new teaching models, one thing must not get lost in the shuffle — the patient. ICO's track record for continuity of patient care is poor at best. In recent years, some graduating interns

have established a system of their own for patient recall. Yet hundreds of patients, whether they be contact lens, visual therapy, pathology, or general clinic patients, do not benefit from this miniscule system. Granted that the clinic does handle thousands of patients every year, but patients who need follow-up care should receive it in a manner such that the interns they see are somewhat familiar with their cases. A simple system of patient referral, especially for patients who do need follow-up care, should be established in all areas of the clinic, not just in contact lenses. This does not mean just filling out a patient care follow-up form in clinic.

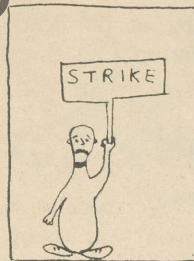
A few more notes of interest before I finish. While Dean Cromer is looking to increase contact hours for each class, I seriously hope that no more irrelevant courses are added to the curriculum. Some of the more innovative areas of optometry, such as developmental vision, could be further expanded in the elective seminar system. A student only gets out of a course as much as an instructor is willing to put into it. Everyone at ICO has had their share of classes in which the instructor is unprepared to adequately present the material. As students, don't stand for this type of teaching. Speak out, let your dissatisfaction be known, but remember to be constructive, not destructive in your criticism. Honestly evaluate the instructors. Department heads have no way of evaluating an instructor's performance unless students offer sincere and honest evaluations.

One final remark, which I think is the most important. The Board of Trustees should take greater note of the direction this school is going. There is greater need for more educationally-oriented professionals to be on the Board. Concurrent with that idea, there also is a need for more dynamic and innovative leadership from the Board. The face of optometry will change drastically in the next ten years. If ICO is to remain a viable optometric institution, it must reflect that change, otherwise it will continue to muddle in mediocrity.

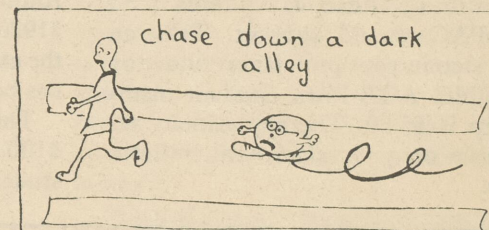
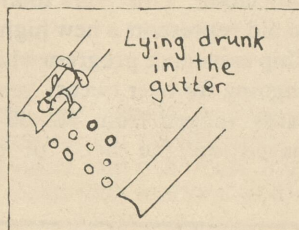
Best wishes to all of you,
Bob Blumthal,
4th year class President

The Adventures of Peter Pin and Tinker Ball

In the last 4 years we've seen our heroes at work...



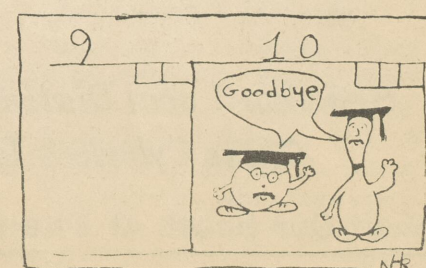
and at play...

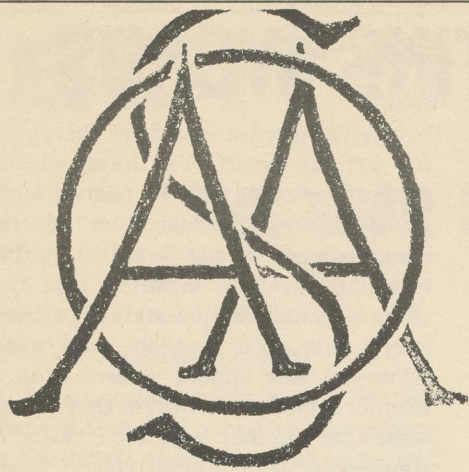


And since we know how you feel about these bad jokes,



We're leaving.





AMERICAN OPTOMETRIC STUDENT ASSOCIATION

HEAD WEST IN JUNE

COORDINATORS NEEDED

AOSA is looking for students interested in working on projects in areas of special interest to them or in areas designated by the President. Project ideas are as follows: Student Survey, Residency Survey, Subvention Funding, Optometry Postage Stamp Design Contest, International Exchange, and Geriatrics. Anyone interested in working on these projects or with ideas for initiating other AOSA projects should drop a note in Box 215.

INFO

Latest Classroom Bulletin Board INFO

*****Horizon (PAC newsletter)
*****Catania Newsletter
*****"How to Effect Legislation Before it Affects You"
*****AOSA-PAC membership applications
*****AOSA volunteer applications
*****Other Schools newspapers
take a look at what's going on beyond ICO.

BOARD REACTION

AOSA's NBEO Liason will be meeting with the Board in June at the AOA Congress. At that time he'll present the students' reaction to this year's exam. In order for ICO's voice to be heard I would like to know your comments on each individual section of the exam. Please try to keep your comments and suggestions specific. I will summarize these and send them to our National Liason. The **deadline** will be May 15th.
Colleen A. Howe
Box 215

WHY JOIN AOA-PAC?

Political Action Committees are formed because incorporated associations like AOA can not make contributions to candidates seeking federal office. The AOA-PAC's primary purpose is to make contributions to candidates who have shown an interest in **Optometry** and vision care. With the ever increasing role of government it becomes important to support candidates who understand the legislative issues facing our profession every day. Your input is essential in determining those candidates who AOA-PAC should support. Take an active step in your professions future by JOINING AOA-PAC. Student membership is \$5.00. The applications are available on your classroom bulletin board.

AOA's 84th **OUTSTANDING** Annual congress is June 21-28 in Las Vegas. A fun-filled, action packed, educational, enlightening, eventful time is guaranteed for all those that plan to attend. You're bound to see STARS***, win at the \$\$\$\$slot machines****, rub elbows with the AOA President and Trustee's, find a practice opportunity, die or thirst in the desert, or fall into the Grand Canyon!! Be adventurous — scrounge up the money and go.

The prosperous O.D.'s in the country will be staying at the Hilton-but most poor AOSA members will not. A number of rooms at the Royal Americana Hotel Casino will be available for AOSA members at a reduced rate of \$25/night based on double occupancy. To get this rate you **must state** that you are an AOSA member when you make your reservations. This hotel is located close to both the Hilton and the Convention Center. Make your reservations as soon as possible with a \$25 deposit check. Mail deposit to:

Royal American Hotel Casino
P.O. Box 14786
Las Vegas, NV 89114

Reservations may also be secured by calling 1-800-634-6793 and using your credit card. If you have any questions please contact me — Box 215.

TIPS

Tips for helping patients to develop better visual hygiene are presented in a new OEP Foundation pamphlet. Visual Hygiene: Precautions and Suggestions for Daily Living is available to all optometrists and consumers.

The pamphlet suggests ways to reduce visual stress, through adequate lighting, rest periods, proper posture and reading distance, and other research-supported ideas.

For a free catalog of publications, write to OEP Foundation, P.O. Box 850, Duncan, OK 73533.

EXTERNSHIP AID

Thirty-two third year students have been granted financial aid to offset expenses incurred during the summer externship. The funds were made available through the generous support of the Alumni Association. This years total of \$1920.00 in aid represents a new high in the externship assistance program which has been ongoing for over twenty years.

The awards ranged from \$25.00 to \$100.00 based on the need of the student.

ALUMNI CONTINUES THEIR SUPPORT

Do you enjoy reading the FOCUS? Are you a new member of COVD? Plan on taking any SVOSH trips in the future? Do you wear your name tag on your clinic jacket? Fourth year students, do you plan on celebrating at the Senior Banquet? Did you participate in the golf tourney? Have you checked out the new chairs in Rodriguez?

If you answered yes to any of the above questions, you have benefited from the ICO Alumni Association. Their contributions to the students are generous and widespread.

The Executive Council of the Alumni Association met for their spring meeting on May 8 and 9 at ICO. The Alumni Association added to their list of donations the following:

\$500 to COVD to help cover initial start-up costs for our new chapter.

\$500 to AOSA to finance transportation to the AOA Congress in June.

\$2500 as a loan to cover expenses for the affiliated clinics with the Indian Health Service.

The Alumni Association also sponsored a luncheon for members of the Student Alumni Association and the ICO faculty. This provided an opportunity for students to meet and discuss their concerns with the members of the Alumni Council.

The Alumni Association generously supports you now. You can show your appreciation by supporting other students when you graduate. Join the Alumni Association.

LOOK BEFORE YOU SIGN

ATTENTION!

Before signing a contract with SEARLE OPTICAL be aware of the facts!

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2. **PERCENTAGE OF INCOMING REVENUE:** What percentage will Searle require of the incoming revenue? That means five percent of incoming revenue at the beginning and this figure will increase as incoming revenue increase. This will keep your take home pay at approximately the same level.

3. **DURATION OF PRACTICE AT**

MODEL URBAN PRACTICE

Lori Wassmann

Wed. April 15, ICO hosted a joint meeting of the AOA Urban-Optometry Study Project Team (AOA-USPT) and the Illinois Optometric Association. AOA-USPT plans to develop an optometric practice in Chicago using the best available concepts of practice administration, promotion and clinical care. This practice, which will serve as a model for urban practices around the

country, will be implemented by bringing together at least two existing practices to form a nucleus for a new group practice. While the individual OD's will own the practice, AOA will assist in it's selection and development and serve as a practice management consultant. Future plans of USPT include expansion of the practice to bring in a new graduate as an associate.

AUTISM: YOU CAN HELP

Ed note: We asked Dr. Humble to share some of his knowledge of autism with us...this is his reply to our request.

by Walter E. Humble, O.D.

This writer would like to try to put the autistic into FOCUS somewhere. My background in autism goes back to my first born, a son, in January 1953. He was autistic, though he did not know it at the time. He developed along classical autistic lines. In 1957, reading from a book on child development by Gesell of Yale, a paragraph was spent on the autistic child which described my son exactly. As I sought help from every discipline, each in turn was unaware of the syndrome that makes up autism. Treatment in those days consisted of permissiveness of the Freudian School with heavy emphasis on parental causal factors. This latter is still considered true by the ignorant among the professionals. The parents do not lack love for the child; the child rejects the world he enters, including the parents. The initial rejection by the child causes consternation and sometimes return rejection by the parents. One can understand how parents might easily bear the brunt of blame when the professionals had no solution in treatment.

For the most part, all treatment of autism is still feeling its way with tremendous breakthroughs and recoveries. There are still bizarre theories as to "why" and "how". Generally, those giving custodial care, institutionally across our nation, place these persons with the mentally ill as schizophrenic until they reach the age of majority, then they are reclassified as retarded and placed in settings for the retarded. This is exactly what has happened to my son. My son is

not schizophrenic. He is also far from retarded. He is autistic, primarily, with grand mal epilepsy due to a head injury suffered in the caring institution in 1971, as a secondary problem. There should be separate facilities for the treatment of the autistic who do respond to treatment programs which are correctly administered. To treat the retarded and autistic the same together is to short-change the victims and prevent habilitation of any.

The WABC-TV station in New York produced a TV special, "The Children of Eden," about autism in New Jersey, which was aired in June 1980. In putting the show together they discovered that New Jersey officials thought there were only 800 children in that state with autism. The National Society for Autistic Children corrected the idea that only one in 10,000 children are autistic with the following correct figures:


Five in 10,000 children have "classic" autism or the Kanner syndrome.

Fifteen in 10,000 children are autistic, have related communications handicaps, or autistic-like conditions which require similar educational and service programming.

The National Society for Autistic Children gave as sources, the following:

"The five in 10,000 figure appears to be true world-wide. It is based on methodologically rigorous studies by Lotter (1966), Rutter (1966), Brask (1970), Treffert (1970) and Wing, Yeats, Brierley and Gould (1976) in England, Scotland, Denmark and the United States.

continued on page 5

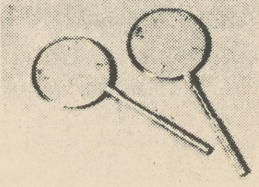


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AUTISM continued

The fifteen in 10,000 prevalence figure apparently has some variation from place to place. It is based on work by Wing et al as reported in the proceedings of the Annual Meeting and Conference of NSAC, 1979.

Dr. Wing states 'prevalence of the wider group...lies between 10 and 20 per 10,000...'

New Jersey, with a population of 7,332,000 in 1979 according to the U.S. Census Bureau can be expected to have: 3,666 with Kanner Syndrome Autism and 7,332 with some of the Kanner Characteristic (Autistic-like) for a total of 10,998. Thirty per cent of the above are children...70 per cent are 21 or older.

Applying the same scale to the populations of Illinois, Chicago, and the greater Chicago area, similar statistics can be developed, attesting to the fact that you as an Optometrist may find yourself attempting to examine an autistic patient yourself as a part of the I.C.O. patient outreach program or even occasionally in our Clinic.

As Optometrists, we are seldom called in for consultation on Autism. The Medical fraternity prefers the ophthalmological examination. Other than a

questionable Retinoscopy for gross defects and a questionable ophthalmoscopy again for gross defects, the ophthalmologist has not further answers for the autistic or autistic-like. Due to non-compliance with instructions by the autistic patient with or without the use of diagnostic drugs, any Optometrist can be just as successful thus far as any ophthalmologist.

Optometrists go a step further. We use yoked prisms to break up the spatial world of the autistic. Yoked prisms may or may not bring compliance of the patient for further testing but it should be tried. Streff believes that the average autistic person will prefer Base Up prisms because they prefer everything to be below their sighting level. In talking with him, I agreed instantly because my son always goes up stairs, fire escapes, children's slides, or anything else so that he may survey his surroundings as "king of the hill." He loves to look out the windows at the top of any tall building and he loves to fly in planes. I was sure that John Streff, O.D. was correct and he may have been for average autistic patients but not for my son. When tried, he much preferred the Base Down yoked prisms. He straightened up his stooped

shoulders as we cut across the grass to our car because the ground was closer than he wanted it to be. He laughed all the way to the car. And in the car he still preferred the Base Down yoked prism. The sandwiches and other food all looked closer and larger. He likes to wear them. Left and right yoked prisms do not have the same effect as do the Base Up or Base Down yoked prisms that change height and depth.

Another thing I have used is a set of paper wall charts of colored food items: Ice cream cones, bananas, hamburgers, and apples with an additional set of individual pictures that may be pointed to or otherwise indicated by the non-verbal patient. Here you will need the assistance of two more persons to help conduct this questionable "subjective" using trial frames. The wall chart is a product of Medical Contact Lens Service, Inc. a Milton Roy Company.

The autistic or autistic-like patient requires group dynamics centered on evoking an expression of value in Optometric terms. Sometimes parents are able to help, sometimes not. The therapist of whatever discipline who has gained the confidence of the patient may be a great help. The examination will

resemble that of one working with an interpreter, except it may be body language and anything but oral. You may be able to work with numbers for some autistic are very good with numbers. You may be able to work with everything in song, for some autistic use the words of songs to convey meaning. (My son does not but only when he wants so to do. He initiates and we are grateful.)

He may react more to anaglyph and polaroid materials. (My son reacted by staring at the large fly and I know that his stereopsis at near is there.) Similarly, while flying, he laughed at the sight of a truck far below and I know his distance vision is at least 20/30. The Keystone Skills cards might evoke a stereoptic response, too. Every autistic patient is different.

The Kanner Syndrome of Autism includes the following: Usually the first born and a boy four out of five births. Early rejection includes refusal to breast-feed. Appearance will be normal. "Head-banging" is expected by the infant. Self-destruction through self-inflicted hitting and biting may occur. Verbalization of large intricate words will disappear by thirty months. He will be non-verbal except in instances of extreme emotional distress or joy or concern. At those times he will speak appropriate to the occasion. He may be a savant with skills far surpassing ordinary people. (According to Rimland in Psychology Today of August 1979, 10% of the autistic fall into the savant area.) He may evolve to answer "yes" and "no" answer questions, or even say "Yes" in a long drawn out way, similar to a cerebral palsy victim. And he may use a high pitched whispery voice talking almost too fast to understand, intermixed with happy giggles. He will be a twiddler making nonsense movements. He will sit rocking.

And he will be anything but retarded in response when they are made. He is not schizophrenic either. The term autistic means self-motivating. He resembles the retarded in his inability to communicate. He resembles the true schizophrenic as he performs only in the context of his own thinking without regard for social mores for the most part. When his autism doesn't make sense, he resembles the schizophrenic.

My son has the paranoia normal to epilepsy. He fights the onset of attacks with everything he can. His head is abnormally large, probably due to the unnecessary use of Dilantin during his teen years which has that side effect. Being non-verbal, his paranoia must be especially agonizing. Since he does understand much of what we say, I keep telling him that we do understand and that the epilepsy is not his fault at all and that we will always love him, no matter what. It helps him.

When there is a dichotomy of opinion among ourselves and he wants one thing and we do not recognize his intensity of desire and he cannot communicate with us meaningfully, then he may have a tantrum of gigantic proportions, when we do something other than his intentions. He is 68 inches tall and 150 pounds. His strength is that of the enraged. Only by inducing my own adrenalin to flow am I able to contain him at all when angry. (And then I must control my own anger, artificially induced.)

Much of this article and these descriptions are a part of the Kanner Syndrome of Autism described in 1942-43 and further developed by Rimland in 1964 and from all these years of dealing with the problem directly with my son.

If you suspect you are dealing with an autistic or autistic-like patient, check every way possible, use your ingenuity, gain the patient's confidence, write up everything you do and tell the role of each who helped in your examination. Optometry can help the autistic. You can help.



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EVALUATION OF ICO BY FOURTH YEAR

A few weeks ago a survey was passed out to all members of the fourth year class asking them to evaluate the courses, and administration here at ICO. We have compiled the results of those surveys and present them here. Our intent was simply to get an overall feeling of what the four years meant to many of us, and by listing the strengths and weaknesses, perhaps stir up some improvements for succeeding classes. In no way has this survey been slanted to make any individual feel bad. Although some editing was done, the following replies are truly characteristic of what the ICO Class of 1981 feels.

EVALUATION OF COURSES

I. LIST THE BEST COURSE YOU THOUGHT WE HAD AND WHY

1. Vegetative Physiology of the Eye — It was the first course we had that we really learned something about the eye. For the first two quarters I wondered if optometrists really know anything about the eye. The information we learned in that course has cropped up again and again on boards and in clinic in general.

2. Pathology — Dr. Multack geared the course towards helping students pass national boards.

3. Pharmacology — because of its thoroughness, however it still was unfair to the students due to the grading procedures.

4. Optometry Course (first year by Dr. Day) — dry, but informative. Good foundation for further studies.

5. Geometrical Optics — good preparation for boards. Dr. Tennant is easier to understand than Fincham and always around and willing to help if you need him.

6. Physiological optics Courses — well taught, instructors usually prepared for lectures.

7. Contact Lenses Seminars by Dr. Hodur and Jurkus — practical clinical information.

8. Optometry by Dr. Day — he was dull, but his explanations were clear and concise.

9. Vegetative Physiology — it gave a good base upon which other courses (contact lenses, sensory, ocular disease, etc.) were built upon.

10. PreClinic (2nd yr.) — it could have been the all time great, except for a slow 3rd qtr.

11. Pharmacology — the presentation of the course was organized and precise. The material was presented well and the teachers know the material. Although the quizzes were a deterrent, it did force those to study who were too immature to do it on their own.

12. Color Vision — enjoyable subject and excellent presentation by Dr. Alexander.

13. Ocular Pathology (Dr. Multack) — this course was very complete and the notes prepared us well for boards.

14. Vegetative Physiology — Dr. Shansky, — again very complete notes and very entertaining lecturer.

15. Ocular Disease — Dr. Multack had the ability to relate practically the material he presented to all aspects of eye care. The amount of knowledge we received coupled with his ability to be fair — not schedule tests inconveniently, maintain a grasp of reality of course content, practicality of teaching methods, and genuine concern for students will long be remembered as the best course by far.

16. Ocular Disease — Dr. Multack made the course enjoyable, fair and fun to go to class.

17. Ocular Pathology — Dr. Multack was the first teacher I had in which grades were not important but the emphasis was on learning the material. I think you will see a high correlation

between his teaching approach and the number of 4th years passing national boards.

18. Ocular Disease — Dr. Multack did his best to prepare us for national boards, as well as to give us a class which stressed clinical skills.

19. Ocular Pathology — Dr. Multack really tried to teach us the material without scaring us with grades or nitpicking on tests. He tried to cover the material we'll need to know to be good at our jobs and prepare us for boards. he's concerned about the students.

20. Vegetative Physiology — Dr. Shansky was a great teacher and the material was relevant and well presented.

21. Geometrical Optics — Dr. Tennant has a wealth of knowledge of the subject and does a good job of making a very dry subject halfway interesting. He also prepared the class well for national boards.

22. Sensory aspects of Vision II and I — Dr. Alexander is a great lecturer.

23. Practice Management I — the guest lecturers were real good.

24. Microbiology — Dr. Rudek was very informative, interesting, and competent. That must be why ICO got rid of him.

25. Ocular Pathology — Dr. Multack was knowledgeable and experienced and tried hard to improve on the past 2 years.

26. Physiological Optics Series — Alexander, Shansky, Chino — their courses were well researched, well organized, and generally well presented. These pros know their stuff, they're involved in up to date research.

27. Geometrical Optics — well done.

28. Ophthalmic Optics — at least most of the important material was presented.

29. Contact Lenses — Dr. Gailmard — we learned more practical things in this course.

30. Vegetative Physiology of the Eye — the best overall foundation in first year for the succeeding three years. Very practical knowledge.

II. LIST THE WORST COURSE YOU THOUGHT WE HAD AND WHY

1. Optometric Diagnosis with Dr. Nizza — He was only there about 1/2 the time and the times he was there I don't think he knew what he was talking about. Out of \$1500.00 per quarter and approximately 30 hours per quarter school time is \$50.00 per hour times 12 sessions is \$600.00 for that course, I can't believe it. He should have paid us to listen to him when he was unprepared for class.

2. Geriatrics — only about half of the material was covered.

3. Optometric Diagnosis — there wasn't any thought or material put into the course by the instructor.

4. Optometric Diagnosis — the lecturer is always unprepared, cancelled 2 classes, format of class didn't fit description (Dr. Seki's notion was good).

5. Ortho K — the only thing Dr. Fontana talked about was how much to charge the patients. He never explained just what ortho k is and how one goes about doing it.

6. Data and Design — it should be dumped and whatever relevant (board) material transferred to Public Health.

7. Physical Diagnosis — it too should be eliminated with information on headaches, sphygmomanometry, etc. transferred to either systemic or ocular path.

8. Dr. Viteson's Developmental Psych. — the all time worst. It should become a prerequisite for entrance instead of a waste of time.

9. Developmental Psych — had no place in our third year curriculum.

10. Perimetry — a low point.

11. Low Vision — could have been better organized in presentation.

12. Systemic Physiology — this was a worthless course that had wasted a full year of time. In addition, certain teachers seemed to want to add pressure that was totally unnecessary.

13. Ocular Embryology — (part of Ocular Anatomy) — was worthless, never asked any questions on boards on embryo and lecturer was too fast and notes too choppy.

14. Optometric Diagnosis — lack of planning and small group discussions.

15. Data and Design — need I really explain?

16. Pharmacology — in 8 years of college, I finally met someone who I can never have any respect for.

17. Low Vision — what they taught was completely different than what they taught.

18. Pre-Clinic Optometry — Dr. Nelson's course was not of a calibre one expects in a professional school. It was disorganized and ill prepared. The stress laid upon OEP does not prepare the student for national boards. He also had a poor attitude toward students.

19. Optometric Diagnosis — I didn't learn anything and he allowed personal opinions to take over and didn't consider other alternatives.

20. Low Vision — poorly coordinated and frequently interrupted. Staff came late and certain topics beat into the ground while others not covered at all.

21. Vision Therapy (Dr. Greenspan) — taught poorly and organized poorly.

22. Developmental Psych (Dr. Viteson) — the teacher didn't know what she was suppose to teach us and ended up teaching us basically nothing. The grades for the class were a joke.

23. Ocular disease — Dr. Multack would be all right if he had a little enthusiasm, but his interest in teaching and his presentation leaves a lot to be desired. I also got tired of his excuses for being late or not having this or that.

24. Developmental Psych — Dr. Viteson insisted that we buy a stupid book and then gave us Dr. Barry's old test word for word.

25. Human Physiology — *censored*.

26. Ocular Anatomy — *censored*.

27. Optometric Diagnosis — In an entire term, he told us to never do a cover test with a penlight. Did he teach us anything else?

28. Vision Therapy courses — so disorganized you never really learn how to test, interpret, and train from classes or labs. The significance of this phase of optometry is lost here at ICO — to a great disservice of our students. What we learn we learn on our own and from people outside ICO. This sequence should be reanalyzed, reorganized, and taught with the emphasis it deserves.

29. PreClinic — as taught to our class was an abomination. Dr. Nelson should take at least one course in graphical analysis and read at least one set of OEP papers before he is allowed to lecture on these subjects. It was obvious to our class that in 1978 — 79 he had done neither.

30. Ocular anatomy — even the name is outdated. The emphasis is presently on function and physiology — so why spend the longest proportion of the subject on bones. This course is so far behind the times — it is a wonder anyone passes the section of NBEO.

31. Optometric Diagnosis — I didn't learn anything.

32. PreClinic — after we were tested on the analytical exam and graded wrong for the exam, we were presented the right way and I think this confused our class.

33. Low Vision — the material was team taught and disorganized so that it was very difficult to learn. In preparing for NBEO, the class notes did not help at all.

II. EVALUATION OF ADMINISTRATION — LIST THE GOOD THINGS ABOUT ANY ADMINISTRATIVE ACTIVITIES THAT OCCURED DURING OUR FOUR YEARS HERE.

1. Equipment improvements (slit lamps, monocular indirect) dispensing improvements.

2. Parking improvements.

3. Redoing VT SCU setup for next years class.

4. Redoing the filing systems and exam forms.

5. Beginning to get qualified people to teach courses (path, pharm).

6. The clinic has purchased new equip. periodically.

7. Spring party.

8. Firing Dr. Grosvenor.

9. Redecorating of clinic, reception room, and dispensing.

10. Hiring Tony, Toni, and Stan in dispensing.

11. Alumni office throwing little parties throughout the year (Halloween, Easter, etc.) good pick-me-ups.

12. Removal of Dr. Grosvenor.

13. Hiring Dr. Williams and Dr. Pletz.

14. The recognition of Dr. Grosvenor as an incompetent clinician, administrator, and teacher.

15. The resignation of Warren Cuplin.

16. The resignation of Glen Leverd.

17. The hiring of Shane Conway. He has managed in spite of administrative hand-typing, to convey his concern for student life here at ICO.

18. The hiring of Larry Kramka — ask anyone who is concerned with maintenance a ICO.

19. The module concept in general clinic.

20. The security booth.

21. Renovations in and around the ICO physical plant.

22. Finally have an academic dean.

23. More parking spaces.

24. Dr. Grosvenor leaving.

25. Larger exam forms — more spaces to write things down.

26. More liberal payment policy — only requiring 1/3 payment, and costs at school are cheaper than in outside world.

27. The modernization of the clinic just before the academy meeting in December. Too bad a lot of the things are back the way they were — the floors don't shine anymore, a lot of the equipment has returned to its broken down state. The path lab retinal camera was a nice touch but now it too is just a memory. The expanded parking facilities are good and will be better once they are completed.

28. Dealing with Delores King has always been a pleasure. She tries to help students and make sure we know what's going on — she's always polite and helpful and makes me feel good — "just like a mother".

29. No grading in clinic.

30. Dr. Sander's clinic organizational work.

31. The idea to rearrange the dispensing department and improve the frame selection. Also the hiring of the new personal in dispensing is very worthwhile, and actually allows us to learn a little dispensing if we'd only ask.

32. The rearranging of the clinic modules was a helpful move.

33. Getting rid of Dr. Grosvenor.

34. Ms. Florretta King — while not the most personable of administrators is the only one with enough courage and initiative to make a change in "policy" when inequities were pointed out to her concerning senior student expenses. I congratulate her.

continued on page 7

EVALUATION BY FOURTH YEAR continued

LIST THE BAD THINGS ABOUT ANY ADMINISTRATIVE ACTIVITIES THAT OCCURED DURING OUR FOUR YEARS HERE.

1. Sprucing up the clinic (to the extreme) for the academy meeting.
2. Going to Saturday summer clinic next summer.
3. Giving Ms. King a license to "harass" weary students.
4. Requiring makeups in path lab-and while students were at their affiliated clinic. Not allowing students other affiliated clinics without clinic cuts.
5. The staff and employees are not kept happy.
6. Seating arrangements during exams.
7. Misuse of student activity funds to replace books loaned out to faculty.
8. This years screwup of 3rd year's affiliated clinics.
9. It seems as though ICO, especially with the new Dean, is so intent on pure academics that they are ignoring the responsibilities an institution of higher learning has to help integrate its students into the real world. Courses like practice management, while good in part, could be improved in other ways to provide more real world information. ICO needs to develop a more caring attitude towards students — and faculty.
10. No one has ever told the personel at the front desk (except for a rare few who don't need to be told) that interns are not dirt. Many of them show no respect and treat us like bothersome little children. Then they have the gall to accuse us of being harsh with them. Well, when "niceness" doesn't work, "nastiness" must suffice. I'm sorry this is so.
11. Failure to obtain an ophthalmologist to at least guest lecture in path — especially on posterior segment disorders.
12. Dr. Multack's path elective was supposed to have had guest lecturers but funding was denied.
13. If instructors were paid more, we'd probably be able to get some who could teach.
14. The resignation of Sheldon Siegel. His job was to address purely student concern — something he wanted to do but could not because of pressures from his superiors. Students who did not know this made life at ICO no less of a battle for Sheldon.
16. The hiring of Floretta King — everyday is a bad day at the office for Floretta — mainly due to the way she treats everyone (except her supervisors) as inferior, brainless children. She has been known to refer to the loan money as "hers".
17. Hiring a competent financial aid director.
18. Sheldon Siegel leaving.
19. Preventing a graduation member of the class from participating in the graduation ceremony due to lack of funds to pay tuition.
20. Additional paperwork — the 3 part referral forms and follow up forms in place of index cards.
21. Lack of consistency — reappointments are made in different staff doctors any many clinical staff have changed.
22. Some front desk secretaries are slow and incompetent. They slow patients down and very fresh.
23. Why can't our administration bend the administrative rules at times?
24. Assigned seats for test taking.
25. The farce of the "Dean Search".
26. Allowing incompetence in teaching in the name of loyalty.
27. Using "policy" as an excuse for lack of concern and initiative on the part

of those responsible for the education and well-being of our students. When will you realize that policies are guidelines not laws of nature, and should be changed when they are in conflict with attaining our professional goals?

28. Dr. Taylor doesn't try to understand the student's point of view and he jumps to conclusions without hearing out both sides of the issue. He tries to make things hard for students by instituting many pettifogging rules.

29. The influx of bureacracy has been so tremendous I am more than happy to be graduating. Our clinic has increased the amount of paperwork ten fold since we began 2 years ago. I can thank the school for not only my degree in optometry but also an advanced degree in secretarial work. I hope they wake up and get back to the importance of clinic instruction and spend less time worrying about which copy of what form goes in which tray at what time.

30. One of the poorest moves the administration ever made was the great coverup of the cheating incident which took place when the 2nd and 3rd year classes were grouped together. The instructor (Dr. Dershwitz) wanted to expose the two violaters but no, ICO wanted to cover it up and not take a chance of losing a little tuition money. Why not expose them and make sure they don't do it again? Don't you have to ask yourself if these are the kind of colleagues you want in our profession, that looks real good to the profession of optometry.

31. Repeated moves of ICO to continually readmit people who have repeatedly failed courses and have spend quarter after quarter on probation. If the student can't place his/her priorities in order, maybe he/she shouldn't be her in first place. ICO should show some guts and give a few of these people the boot and hopefully improve the profession.

To: 1981 Graduating Class of "ICO"

This past year has been one of my most rewarding years at ICO thanks to your class. I have made some good friends and have had some good times with you. It is very hard for me to say good-bye to all of you, but I know you leave here aiming towards a healthy and prosperous future. Thank you very much for being my friends and putting up with my many moods. The Follies were one of the best times of my life and I shall never forget you.

Best wishes.

Michelle

(Low Vision Coordinator)
alias, POLLY

CANCER SOCIETY TAG DAY: \$UCCE\$\$

Phi Theta Upsilon Fraternity members, in cooperation with the American Cancer Society once again worked during the Cancer Society Tag Day held Sunday, April 26 to raise money for aid in the fight against cancer. James Levinson coordinated the event for the fourth consecutive year and has reported that the PTU members succeeded in collecting over \$250.00. Many thanks to Jim for his hard work not only this year but in all the previous years. Both ICO and PTU are proud to have Jim take such an active role in such a worthwhile event! Many thanks also to the PTU members who worked that day.

MANY THANKS TO THE ALUMNI ASSOCIATION FOR THEIR SUPPORT OF STUDENT ACTIVITIES THIS YEAR!

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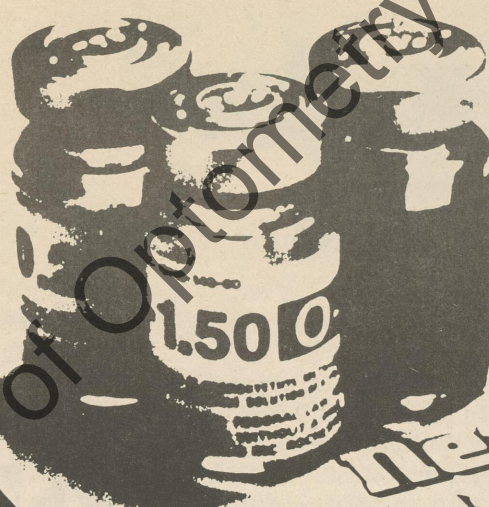
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NOTHING IS A WASTE THAT MAKES A MEMORY



SPORTS

As we begin the spring, the Cubs are losing, the Sox's look great and the ICO faculty Softball team shows promise.

The first game of the double header was won by the faculty 12 to 10, despite a 4 run 7th inning by the 4th year team. Losing pitcher was Rob Gerowitz and Denny Kirscher was the winner. The staff doctors took a 11 to nothing lead over the students, but with an exciting 6th and 7th inning we made the game close.

The second game the 4th year team

showed what good softball playing was all about. In a solid 8 to 5 victory the students had two home runs (J. Markson and Mike Hammerschmidt) and a triple by Mike Leany to power the students past the faculty. The winning pitcher was Geoff Spears and the losing pitcher was Denny Kirscher.

All in all a good time was had by all. *Editors Note: Unfortunately the 3rd game of the series, to be held at the picnic, was rained out.*

Editor-in-Chief: Rodney Schpok

Editor-in-Chief: Cindy Fencken

Business Manager: Rodney Schpok

PERSONALS

My Darling Mike H. III,
Thank you for all of those passionate nights.

All my love,
Your red-headed lady of the evening,
Lori

We're pleased to introduce the co-editors of next year's Focus, Marty Kornblatt and Larry Baitch. Both Marty and Larry have had some experience with publications and are eager to take over and continue with what has been started next year. We think they'll do a great job and wish them the best of luck!

TO CUDDLES

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BUT ALL YOU
GOT WAS A PIECE OF CANDY.

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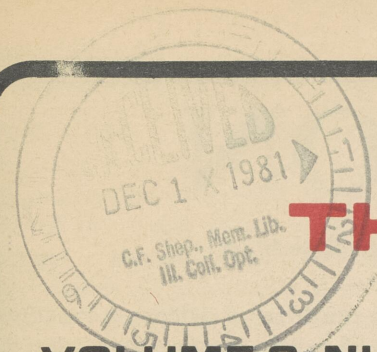
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THE

FOCUS

VOLUME 2, NUMBER 3

DECEMBER, 1981

"Questions and Answers"

by Roger Trudell

This is a new focus feature which will attempt to answer questions people have about ICO. If you have any questions to submit, place them in Boxes 24 or 247. This issues questions are a concern to all.

QUESTION: What is the academic status of our pharmacology instructors?

ANSWER: From the mouth of Dr. Kharasch, "All of us are MD-PhD candidates." The amount of progress into this program varies from each of the instructors. The advantage of this program is it teaches research techniques in pharmacology, which these instructors are being geared for. Each of the instructors are listed below:

Dr. Kharasch: has had two years of formal medical school and three years of pharmacology graduate work. He has about one year of medical school to complete.

Dr. S. Perry and Gelbard both have some medical school training to complete. Dr. Gelbard will complete his PhD this year and Dr. Perry next year.

Dr. Hajek is in the pharmacological graduate program. She will start her medical school program in about two years.

QUESTION: How many PCUs and SCUs are required to graduate this year?

ANSWER: I went to each department head, talked to Dr. Taylor and to Dr. Gailmard (Director of Specialty Clinics) to get the "true" requirements to graduate. Dr. Gailmard is in the process of updating the SCU requirements and this should be out shortly.

PCUs (from Dr. Taylor) = 175 are required for graduation.

SCUs in Contact Lenses (from Dr. Hodur and Dr. Gailmard) = 4 rigid and 3 soft CL completions are required. Note that this differs from what we were originally told and what was printed on the bottom of page 10 in the "Contact Lens Information and Procedures booklet" given to all fourth year interns last spring. For each completion are required (note that they are not strict with this) 1) The fit worth 2 SCUs 2) the dispense worth 2 SCUs 3) 3 PRs each worth 1 SCU. This is 7 SCUs per completion and 7 fits required we therefore have a minimum of 49 SCUs for contact lenses.

SCUs in low vision (from Michele Levin) = One low vision exam is required along with aid dispensing and a follow up call. Six SCUs are given for this.

SCUs in the pediatric division from Amelia Arguelles and Dr. Barbara Shorr I. Office VT = this requires 10 weeks of therapy with a minimum of 8 patient visits. (Add to this summer clinic Vision Therapy.) Only one (1) SCU is given per patient visit but (2) SCUs are given for PRs. Therefore, if you have only the minimum of 8 patient visits you have only 8 SCUs. No SCUs are given for no-shows. Note that affiliated clinics concerned with VT, such as the SMA, do not count towards this minimum but will be added to the total in the pediatric department. I have heard many 4th year interns say Vision Therapy counts as 48 SCUs but this is not so.

(Continued bottom page 3)

First Year Out Part II - Looking for a Practice

by Rodney B. Schpok, O.D.

When do you start looking for a place to practice? Perhaps during your first year in optometry school? Perhaps during your summer externship between the third and fourth year? Ask three optometrists this question and you'll most likely get four different opinions.

If you've got a mother or father who is a practicing O.D. and you plan to step into their practice upon graduation, then your decision on where to practice is a pre-determined fact. But what happens if you're the first optometrist in the family and have no friends that are O.D.'s either? You have to "look" for a practice, which can be a very stressing task.

I always thought that I'd be the one to find some O.D. during my third or fourth year that wanted an associate, was willing to pay "good" money, and would sign a fair contract. But then I thought again. What if I did indeed find such a person, set up the deal, and then either failed my national boards, or my state board. I had heard horror stories of a few from the classes preceeding me of such a string of events. Someone had a practice all ready to waltz into until the state board result came back negative. I therefore thought it best to first get my licenses, then look for the practice.

This cautious approach, however, has its drawbacks. Many of the states may give the boards in early or mid summer, but the results are not known until the fall. Therefore a compromise needs to be reached.

Such a compromise should involve looking extensively during your fourth year for practices in those areas you intend to take boards. Of course, start with your primary choices. Upon contacting potential practices, explain to the O.D. that you are still in school and plan to take the boards, but are interested in the practice provided you obtain your state license. Most (although not all) O.D.'s will understand your predicament and allow you the option to commit yourself to that practice if and when you get your license. One practice that I looked at in November of my fourth year was up for sale but the O.D. didn't want to wait until I finished my schooling and took the board. He eventually just closed up his practice, distributed his patient records to a few other area O.D.'s and thus ended a "professional" opportunity for a graduate. There's really not much you can do in a situation like that except to use your power of persuasion which I obviously didn't.

Now let's say you have decided upon a few areas to look. Where do you go for information about practice opportunities? First of all, ICO has a placement service through the alumni office. They take in requests from O.D.'s in all states that are looking for associates, partners, or buyers. The service will automatically send you listings from those states that you tell them all through your fourth year. You must remember, however, that there are over 100 other soon-to-be O.D.'s in your class that are also looking, so these listings are generally saturated with replies. You can go directly into the alumni office each week and look through their files on practice availability. You have a chance then of possibly being "at the right place, at the right time" if you find a very recent listing

that hasn't been distributed yet. The Alumni office and personel are quite helpful so don't be afraid to take advantage of what they can offer.

Another rather limited place to look for practices is in the journals and optometric newspapers. Don't hesitate to write to anything that looks interesting. A letter of inquiry is not a commitment so you have nothing to loose except a stamp!

The state board organizations generally have listings too but these are of course limited to state board members. Some state boards may send you this list during your fourth year if requested, while others will not give it to you until you actually take the board. The AOA has an assistance to graduates program but I didn't have any dealings with them so can't say how successful that is.

All these placement programs are good, but I'm convinced that the best idea still lies with your individual ingenuity. Don't rely on others to find a practice for you. If you sit back and wait for O.D.'s to come looking for you, then you better make yourself comfortable because it'll be a long wait. Instead, why not get a listing of all the O.D.'s from the Blue Book of Optometrists or the phone book in the areas you intend to settle. Write some letters to them stating exactly what you are looking for. There are many optometrists that may be looking for an associate, partner, etc. but have never listed their practice anywhere.

A letter from you at the right time may be just the thing they were looking for. One of my classmates sent out over 200 letters to O.D.'s in California prior to going there for the board and received quite a few replies that ended up in interviews while he was there for the board. Granted, this takes quite an effort on your part, but then hasn't the past 7 or 8 years in college been more of an effort? The ICO library has the Blue Book of Optometrists and you can generally get the yellow page listing of O.D.'s from any U.S. phone book at the public library or the main phone office.

Your letter should include your intentions of taking the state board, and your options for practice, whether it be purchase, or associateship. You may even want to include the areas of optometry you'd like to deal in mostly, as some O.D.'s are looking for associates that can build their practices by offering a new area such as VT, DV, low vision, CL's, etc. Tell them the dates you plan of being available for interviews so they can plan in advance for your visit.

Looking for and choosing a practice opportunity is a much more difficult task today than it was 10 or 15 years ago. With the number of graduates coming out each year, the competition is fierce. You have to be one step ahead of everyone else if you want to get that practice you really desire.

And today's so-called "older" O.D.'s are another obstacle. So many of them are unwilling to change their attitudes. It will take much effort on your part to convince them of your worth. But at least give it a try, put determination into looking for a practice, and remember, "he who never made a mistake never made a discovery."

Positive Action Committee Update

by Sandy Katims

I am happy to report that four other colleges have joined the Positive Action Committee of the AOSA. They are PCO, University of Missouri, St. Louis, The University of Houston and the University of Alabama.

On the other hand I'm receiving some criticism about the committee having too little direction, and to that I'd like to respond. The committee will restrict itself to local activities for this year with each participating school concentrating on planning and organization; funds raised are local funds except for \$100 from each school going to establish the national account.

I am waiting for a response from the Illinois Optometric Association regarding our offer to charter a bus to Springfield for the drug bill lobby effort in February, this trip will be restricted to third and fourth year interns, and possibly others who are concerned. Priority will be given to Illinois residents. Of course, all of this is contingent on the IOAs lobby plan.

The first batch of checks written for student membership in AOA-PAC has been mailed to the Washington office of the AOA. This was however a disappointing number with less than 10% of our student body joining. I would therefore call your attention to the Dec. 1 issue of the AOA News where there resolutions of the American Public Health Association are discussed. One resolution calls for utilizing all health providers at their highest level of skill.

This issue along with others such as Medicare restrictions, third party payment plans are national concerns and are sure to meet with strong opposition with ophthalmology in areas where it is concerned. Then there are the issues of national concern which may or may not even manifest themselves; where would optometry stand in a national health insurance program, or what about legislation for use of diagnostic agents on a national level so that optometry in New York is the same optometry in New Jersey. Your \$5 membership is something I urge all of you to consider. Checks should be made out to AOA-PAC and put in box 227.

This 100% AOA-PAC membership drive is supposedly taking place at all five committee member schools, details on progress should be available after the convention in New York.

As mentioned in my other article, Pearl's Last Supper was an underwhelming success and the class of '82 is to be congratulated. Restraining from open bar, ribs and chicken simply for a show of unity and a commitment to professionalism was truly an inspiration. I intend to make all school representatives at the NY convention aware of our efforts and encourage that all schools follow suit.

Finally, I ask all those who stated over a year ago that they would contribute to the Positive Action Fund if it ever got out of the third year lecture room to come through. ICO membership is \$7.

EDITORIAL & OPINION

EDITORIAL by Martin Kornblatt

It was a Saturday that I will never forget. The bells of the telephone rudely woke me from a sound sleep. It was my best friend from home calling long distance, and I immediately snapped into alertness at the sound of his shaking voice. He had news: one of my closest friends had been killed in a car accident. Jay was dead.

Jay is dead.

If you've ever had the misfortune of having something like this happen in your life, you know about the flood of thoughts that rush through your mind; your first idea is to treat every contact with a friend as if it will be the last time you will ever see him or her. You realize how fragile life is; you try to grab each successive moment for its full, precious value. You wonder in agony: "WHO WILL BE NEXT?"

It wasn't until later that day, as I was wandering through my trivial errands, that it really hit me, and I started sobbing right in the middle of a grocery store.

Jay is really dead. I still have trouble just typing it.

Please allow me to indulge myself for a moment, and tell you about my friend, Jay Whitman. Jay was a very fine human being. As I recollect now, I realize that among those in my small nucleus of friends back in Baltimore, he was a motivator; he had a contagious enthusiasm and applied it to everything he did. If he was ever depressed, no one ever knew

about it — he would always greet you with excitement, with that crazy smile that made his eyes disappear behind slits. Jay was in his third year of medical school; he would have been a tremendous physician, for he treated people with dignity, and was always open minded to knowledge. I enjoyed talking to him about medicine and optometry, as he took in everything I had to say with genuine interest. I think that he would have been a great friend to our profession.

You may ask why I am exploiting my platforms as Editor of this paper to "eulogize" someone you never knew. I may just as well ask you, "Why is it that it isn't until we lose someone close to us that we fully appreciate and cherish the friendships that we have?" I especially address the Fourth Year class as we approach our final months at I.C.O. We must look about us and make the most out of the relationships and friendships we have made. Before you know it, it will be July, and you'll be sitting alone somewhere and suddenly come to the realization that, for all practical purposes, you will never see most of the people you once knew here again. You are going to think of the GOOD times, and wish that they didn't have to end.

So go up to a friend you have made here. Look him in the eyes. Smile. Say that you're glad as hell that you got to know him.

Say it while you still have the chance.

This is the first installment of a two part editorial examining the position of optometry in the U.S. Health Care System.

In order to examine the health care system to see where optometry fits in, the following contains ideas liberally borrowed from Milton Freedman's chapter on "Occupational Licensure" from his book *Capitalism and Freedom*. Medical licensure is examined because medicine dominates U.S. health care and in this position determines to a great extent the way in which optometry is practiced. Optometry attempts to imitate the success of medicine by mimicking its actions. A comparison of the professions of optometry and medicine points out the strength of the latter and the weaknesses of the former in the ways each benefits its practitioners.

The practice of medicine has for a very long time been restricted to people with licenses. This has ensured physicians a monopoly hold on the U.S. health care system that has only recently seen signs of being encroached upon. The American Medical Association (AMA) is perhaps the strongest trade union in the U.S. The essence of the power of a trade union is its power to restrict the number who may engage in a particular occupation and this indirectly enforces a higher wage rate which in turn strengthens the union.

The way the AMA limits the number of people in the field is primarily at the stage of entry into professional school. The second line of defense is the restrictions it places upon its own members.

The third line of defense is the protection of its own practices from other professions. (This third line of defense is the one which we attempt to affect by promoting DPA bills and is the most guarded.)

The first line of defense: restrictions on entry into the profession.

The standards for admission to medical school are made so difficult in order to discourage young people from ever trying to gain admission. Furthermore, large numbers of people that do apply are turned down. For example, when I applied to ICO in 1979, Stamford U. had more than 5,000 applications for less than 100 seats in its medical school. Can that many people have been unqualified? Training for the medical profession requires more than 4 years of professional school and extends to include internship, residency, a high level of performance in a competent undergraduate college, superior performance in high school to be admitted to a good undergraduate school and so on. The process requires a wealth of resources.

The Council of Medical Education and Hospitals (CMEH) of the AMA approves medical schools. In order for a medical school to get and stay on its list of approved schools, it has to meet the standards of the Council. The power of the Council has been demonstrated at various times when there has been pressure to reduce numbers. For example, during the depression, the CMEH wrote a letter to the various medical schools saying the medical schools were admit-

The Last Supper

Suppose Searle gave a dinner and nobody came. We almost got the answer on December 1st when only five people from the class of '82 attended a Searle recruiting dinner at The Glass Dome Hickory Pit. A large room had been reserved, but when a classmate and I arrived, only three tables were set for dinner; by the time we sat down, one table was "unset" since there were a number of no-shows. Part of this was the result of efforts by another classmate and friends who threw a chili and beer party to compete with the chicken, ribs and open bar at the Pit.

We stood around for some time wondering if we were going to be the only ones there, but then two other students poured in. By the time Dominick Lonza arrived, we were a crowd of over a dozen; five of us and a bunch of them (4 were confirmed uninterested observers).

The following is an excerpt from conversations between Dr. J. Cohen and myself reported as accurately as memory allows.

Cohen...so you see, by restricting your practice to the exam and not the retail end, your practice at Searle is actually more professional.

me: Dr. Cohen, what if professional judgement dictates taking an hour and a half for each exam?

Cohen: That's fine, no problem.

me: But what if I'm only seeing five patients a day?

Cohen: In that circumstance, we would usually open our second refracting lane and bring in a second optometrist.

me: You mean I wouldn't be fired?

Cohen: No. We would fire you for things like being late for work, not showing up, bad-mouthing Searle, things like that.

By Sandy Katims

me: That sounds great, will you put that in writing?

Cohen: No. We don't offer a contract.

me: Why not?

Cohen: No one in the industry does. We don't have to. Besides, it wouldn't be binding.

me: Dr. Cohen, these types of contracts are made every day.

Cohen: We don't use them. We work on a basis of mutual trust.

This conversation was repeated a number of times through the evening in similar form. It ended this way with Cohen's statement to me; "Sandy, you're not right for Searle, you just don't belong with our company. I know why you're here because I've dealt with a hundred guys like you. But a year from now you'll be calling me for a job; and after a year of work, if I think you're good enough, maybe I'll rent you some space."

That wasn't the very end of the evening, that came when I asked Cohen if it were true that he planned to speak to our class at ICO. "Speak to your class? That's what this dinner was for — look around, there's only five people here. Tell your class I'll be glad to come speak to them when they grow up — and you can quote me on that."

Well just remember children; you heard it here first.

There was some more information given when a classmate asked where would be a good place to go. A Searle rep (it might have been Cohen) replied with "New England". He said the ODs there were terrible and should be replaced. (I hope those guys aren't on the "mutual trust" plan.)

For any other information about the dinner I'll have to refer you to the other participants — I have a hard time listening while I'm chewing.

LETTERS

Dear Editor:

It was bound to happen — a struggle between two giants in the eye care field. Searle vs. 4211 Union. For the past three years, both have vied for mind control of the class of 1982, so as graduation day loomed just over the horizon, a showdown was inevitable. What was at stake? It may have been something as insignificant as a free meal, but I don't think so. It meant a lot more. But first, a little background.

Searle (Pearle), offered the class of '82 a free meal with open bar at the Hickory Pit in Bridgeport to be held Tues., Dec. 1. No strings would be attached, of course. Many people saw a chance to rip Pearle for a free meal. Perhaps. But I didn't see it that way. At all. I wasn't going to give that corporation the satisfaction of having another body at their affair.

I couldn't see sitting there, eating ribs, and let those clowns lecture at me about how professional and economical their Vision Centers were. What BS. And all for the price of a rib dinner? Forget it. No, the best way to show those people we are serious about getting this Pearle monkey off our backs would be to have no one show up at their dinner.

Dear Editor,

On October seventh, WLS TV (channel 7) aired an expose on the quality of prescription eyeglasses in the Chicago area. A reporter for Channel 7 brought a pair of glasses to seven different "optical places" (with no accompanying written prescription) and asked that the glasses be duplicated. After picking up the glasses, they were brought to an optometrist for verification. Phillip Kaufman, O.D., then neutralized the glasses with a Humphrey Analyzer and found that none of them met the A.N.S.I. standards

And we just about did it. With help from my roommates Dave and Steve, I printed up and distributed a letter to the class asking them to our house for beer and beef instead of joining Searle. Everyone had a real fine time eating and drinking and talking. By the time Carmen won the basketball pool, about 55 people were enjoying themselves.

About 11:15, Sandy Katims arrived and explained that only 5 people showed up at the Pearle dinner — and those five were heavily into 1. eating and 2. throwing out tough questions to their reps. So it looks like our class had plenty of class and I am proud of them (us)?

Hopefully, our little deed will set an example to all the other schools. Maybe starting with this years class, we can turn this despicable trend toward commercialism around. And just like the little girl in the chicken commercial, we can say "And we helped!"

Hopefully, the wise class of '83 will understand what we tried to do and why, and follow in the same direction. I hope so.

Jerry Blaschke

of tolerance.

All the "optical places" were confronted with their respective products and most of the places agreed they had made an error (off axis, P.D. off, and/or prismatic effect) and said they would correct the problem. When asked why this happened, their responses ranged from "we're only human" to "we are over-worked" to "it is the lab's fault."

As I see it, there are several things that could be done to help to eliminate the problem as illustrated by Channel 7.

(Cont. on Page 3)

EDITORIAL (Cont. from Page 2)

ting more students than could be given the proper kind of training. In the next year or two, every school reduced the number it was admitting. The CMEH also controls the licensing of physicians. In 1933 when Hitler came to power in Germany, there was a tremendous outflow of professional people from Germany, Australia, etc., including physicians who wanted to practice in the U.S. The number of physicians trained abroad who were admitted practice in the U.S. in five years after 1933 was the same as in the five years before. The threat of additional physicians led to a stringent tightening of requirements for foreign physicians that imposed extreme costs upon them.

Why does the Council's approval matter so much? If it abuses its power, why don't unapproved medical schools arise? In part they have arisen but that is not the main issue. The answer is that in almost every state in the U.S., a person must be licensed to practice medicine, and to get the license, he/she must be a graduate of an approved school. In almost every state, the list of approved schools is identical with the list of schools approved by the CMEH of the AMA. That is why the licensure provision is the key to effective control of admission. It has a dual effect. In the one hand, the members of the licensure commission are always physicians and hence have some control at the step at which graduates apply for a license. But this control is more limited in effectiveness than control at the medical school level. In almost all professions requiring licensure, people may try to get admitted more than once. If a person tries long enough, and in enough jurisdictions, he is likely to get through sooner or later. But if a person is eliminated at the stage of entering medical school, he/she never even comes up as a candidate for an examination. The efficient way to get control over the number in a profession is to get control of entry into professional schools.

In a comparison between professions, look at my wife who is attending law school. There the competition for grades and honors is as keen or keener than it

was in the pre-professional sciences. Lawyers have never been as successful as physicians in getting control at the point of admission, though they were moving in the direction before the recent competition among schools for a declining number of applicants. This results in the extension of competition (except for the graduates of a few choice schools) to a point past professional school with limits imposed by the scarcity of "good" jobs and licensure controlled by the individual state organizations. In law, there is a greater stratification of salaries than in medicine and the competition level is much higher in practice. Commercialism is widespread. This will be almost impossible to change as long as the only requirement for admission to a law school is an undergraduate degree.

The second line of defense: Restriction of its members.

Equally important to the control that licensure has over the number of physicians allowed to practice, licensure is also the key to the medical profession's ability to restrict technological and organizational changes in U.S. health care. The AMA has been consistently against the practice of group medicine, and especially against prepaid medical plans. It has been able to do so because licensure has indirectly given it control of admission to practice in hospitals. The CMEH approves hospitals as well as medical schools.

In order for a physician to gain admission to practice in an "approved" hospital, he/she must be approved by his or her county medical association or by the hospital board. Why can't unapproved hospitals be set up? Because under present economic conditions, in order for a hospital to operate, it must have a supply of interns. Under most state licensure laws, candidates must have some internship experience to be admitted to practice, and internship must be in a "approved" hospital. The list of "approved" hospitals is generally identical with that of the CMEH. Consequently, the licensure law gives the profession control over hospitals as well as schools.

The system that results channels members of the profession into what it

considers desired modes of practice. At present for instance, specialization is encouraged. What results is that in NY, where there are more than a dozen medical schools, there is only one program with a residency in family practice medicine. In addition, I've recently heard a rebroadcast of a plea by the AMA originally produced in the 1950's that denounces prepaid medical plans on the grounds that they provide inferior service. It was narrated by none other than Ronald Reagan. So it goes.

The questions we must then ask are, does licensure have the good effects that it is said to have? Does it really raise the standards of competence? How does the medical system effect optometry? How does the optometric system of licensure effect the practice of optometry?

The third line of defense: restriction of other professions.

In the first place, whenever you establish a block to entry into any field, you establish an incentive to find ways of getting around it and of course medicine is no exception. The rise of the professions of osteopathy, chiropractics and even optometry is not unrelated to the restriction of entry into medicine. More than one pre-medical advisor has dubbed these fields the "consolation" professions. Each of these in turn proceeds to get itself licensed and to impose restrictions.

More generally, if the number of physicians is less than it otherwise would be, and if they are all fully occupied, as they generally are, this means that there is a smaller total of medical practice by trained physicians, i.e., fewer medical man-hours. If "medical practice" is to be limited to licensed practitioners, it is necessary to define what medical practice is, and featherbedding is not something that is restricted to the railroads. Under the interpretation of the statutes forbidding unauthorized practice of medicine, many things are restricted to licensed physicians that could perfectly well be done by other skilled people who do not have a "Cadillac" medical training. Trained physicians devote a considerable part of their time to things that might well be done by others. The result is to reduce drastically the amount of medical care.

QUESTIONS (Cont. from Page 1)

II. Home V.T. = This requires two completions with 3 PRs apiece. Each PR is worth 2 SCUs which will give a 12 SCU minimum for Home VT.

III. Developmental Vision = two of these are required with 6 SCUs given per exam. This gives a 12 SCU minimum for DV exams.

IV. Strabismus and Amblyopia = two of these are required and 3 SCUs are given for each one. This gives a 6 SCU minimum for Strab exams. Note, no extra credit is given for writing a strabismus letter.

V. Infant Clinic = one infant exam is required with a written narrative report. Six SCUs are given for this.

Note that Aphakic, Electrodiagnosis, and Exceptional Child clinics give SCUs but these are not required this year.

Listed below is a summary of SCU requirements:

PCU Requirement: 175 before graduation

SCU Requirement: 188 before graduation with interim minimums explained below

1) Contact Lenses: (4 Rigid and 3 Soft)

2 SCU per fit

2 SCU per dispense

1 SCU per PR (3 needed)

7 SCU per completions times 7 required = 49 SCU minimum in CL

2) Low Vision (One exam, dispense, and follow up)

with some of the 600 attending O.D.'s from the North Central area.

The buses are expected to fill quickly, so don't waste any time getting your checks in when you receive further

An analogy from the automobile industry illustrates very well the attitude of the majority of the medical profession. Wouldn't it be absurd if the automobile industry were to argue that no one should drive a low quality car and therefore that no automobile manufacturer should be permitted to produce a car that did not come up to the Cadillac standard? This tends to be the professional attitude and it extends to optometry. The members look solely at technical standards of performance, and argue in effect that we must have only first-rate physicians even if this means that some people get no medical service (though it never gets said quite that way).

To avoid misunderstanding it should be emphasized that it is not the individual members of the medical profession, the leaders of the medical profession, or the people who are in charge of the CMEH that deliberately go out to their ways to organize the profession in order to raise their own incomes. That is not the way it works. Even when such people explicitly comment on the desirability of limiting numbers to raise incomes, they will always justify the policy on the grounds that if "too" many people are let in, this will lower their incomes so that they will be driven to resort to unethical practices in order to earn a "proper" income. The only way, they argue, in which ethical practices can be maintained is by keeping people at a standard of income which is adequate to the merits and needs of the medical profession. This has always seemed objectionable on both ethical and moral grounds. It is extraordinary that the leaders of medicine should proclaim publicly that they and their colleagues must be paid to be ethical. And if it were so, it is doubtful that the price would have any limit. There seems little correlation between poverty and honesty. One would rather expect the opposite; dishonesty may not always pay but surely it sometimes does.

Next: Optometry's Relation to Medicine and Health Care.

LETTERS (Cont. from Page 2)

Primarily the upgrading of the training of dispensing opticians and bench opticians through licensing would go a long way in improving the quality of work produced. All owners should be licensed so that they could be held responsible for inadequate service or poor quality work.

When the reporter asked Dr. Kaufman why he thought the defective glasses reached the public, Dr. Kaufman replied, "This is a matter of economics. If the labs have to remake their errors, they lose their profit. They hope that the patient will get used to it." I take issue with Dr. Kaufman's remark and with the nature of the expose.

There are several optician's organizations (American Board of Opticianry, etc.) to whom Channel 7 could have gone to present their case. In all fairness, I do not think an optometrist should have been used as the source of verification. It is not appropriate for one profession to try to regulate, criticize or as I see it in this case, attempt to "put down" another profession. Who should understand this better than optometrists, especially considering the pro-ophthalmologist position taken earlier this year by Channel 7 in an editorial against the optometrist's

use of diagnostic pharmaceutical agents. At that time, Channel 7 covered the story by "interviewing" an ophthalmologist.

One could ask why Channel 7 did not visit large chains such as Pearle and Sears. Perhaps the fact that these places purchase TV advertising had something to do with their selection process. This only serves to illustrate further the politics involved when the public might otherwise think they are learning something about the nature of eyecare.

As more and more optometrists (and ophthalmologists) are going into the sale of eyeglasses, they too are finding themselves landing into the game of same day service, fast deliveries, fashion frames, and sales gimmicks. More and more the opticians, who are on the bottom rung of the ladder in the politics of eyecare, are finding themselves portrayed as incapable of dispensing eyeglasses on their own. If we succumb to the pressure of the market and attempt to cut each other, we serve no one, least of all the public. We should communicate, help each other, respect each other; we need each other.

Gerard Bastrentaz,
Optical Lab Manager

packed with fun-loving I.C.O. students will be heading north on that Thursday morning and returning three exhausting days later (Sunday).

Activities include luncheons and banquets, attending some of the 59 continuing education courses, browsing through the exhibit hall displaying the equipment of over 45 companies, and visiting

6 SCU minimum
3 Office VT (Summer clinic plus 10 weeks with a minimum of 8 patient visits)

1 SCU per visit

2 SCU per PR

8 SCU minimum for Office VT

4) Home VT (2 completions with 3 PRs each)

2 SCU per PR

12 SCU minimum for Home VT

5) Developmental Vision (2 required with reports)

6 SCU per DV

12 SCU minimum for DV

6) Strabismus and Amblyopia (2 required)

3 SCU per exam

6 SCU minimum for Strab and Amblyopia

7) Infant Clinic (One exam and narrative report)

6 SCU minimum

Note that these are the absolute minimum SCU requirements in each department. This minimum totals to 99 SCU therefore you must obtain 89 SCU in your own specialty areas. SCUs also have interim minimums: 50 required by the end of summer, 100 by the end of fall quarter, 160 by the end of winter quarter, and 188 SCU are needed by two weeks prior to graduation. Dr. Taylor said that these SCU minimums have been checked and a number of interns received notices. An intern has six weeks to complete the requirements or receives an "F" in clinic. Please also note that each department has a special SCU sheet to be signed and completed to receive credit.

details in your mailbox. Be sure to check out the program which is posted on the bulletin board between the 2nd and 3rd year classrooms. A good time will be had by all!

GETAWAY

by Kevin Blair

A mid winter getaway at a perfect time — after midterms and long before you have to think about finals! Consider attending the popular North Central States Optometric Conference in Minneapolis on Jan. 28-31. Two busloads

Isn't this Christmas?

by Bill Leffler

Let's see now, how does this Christmas stuff go... Oh yeah, now I remember. Way up at the North Pole is where Mr. & Mrs. Santa Claus, who live along with a bunch of little guys called elves. Well, all through the year some of the elves are busy making toys and then stashing them away into a real big sack whilt others are making sure that the reindeer have all had their flying lessons.

Then on Christmas Eve, Santa loads the sack full of toys onto a sleigh and picks eight of the best flyers to pull him through the winter night sky. Only if you were a good boy or girl all year will Santa land the sleigh on your roof top and while the reindeer are taking a breather, down the chimney he'll come carrying presnts and leaves them under the tree

for you to find in the morning.

Usually about now Santa gets the munchies and chows down on cookies and milk which are left out for him. Afterwards, he pops back up the chimney and off they all go to the next house. Well, by Christmas morning Santa has delivered presents all over the world and is back home recoopping for next year.

Isn't that how Christmas is supposed to be? That's what I've always been told, but mine were never like that. As a matter of fact, I'm not sure that elves exist; I thought I saw one once, but it was only an artesian. As far as flying reindeer landing on roof tops, come on now lets be serious, those guys were probably taking more than just a breather up there — so who's ever found any deer — on their roof, not me!

The only white Christmas I've ever had came out of an aerosol can and was sprayed on the tree. And this Santa coming in a sleigh what the hell is a sleigh? Last year Santa came by helicopter and

the year before that by boat!

I just wish someone would get the story straight and tell me what Christmas is all about. By the way do you know?

Men At Forty

by Donald Justice

from Collected Poems
(Atheneum, 1981)

Men of forty

Learn to close softly

The doors to rooms they will not be
Coming back to.

At rest on a stair landing,
They fell it

Moving beneath then now like the deck
of a ship,
Though the swell is gentle.

And deep in mirrors
They rediscover

The face of the boy as he practices tying
His father's tie there in secret

And the face of the father,
Still warm with the mystery of lather.
There are more fathers than sons themselves now.

Something is filling them, something

That is like the twilight sound
Of the crickets, immense,
Filling the woods at the foot of the slope
Behind their mortgaged houses.

Dean's Column

by J. Cromer, Ph.D.

In this column, I will describe the activities and services of the Dean of Student Affairs' Office. This office works closely with the Academic Dean's Office as well as the Divisional Chairman, Registrar and Admission's Office to support the academic program at ICO.

At the present time, the Financial Aid Office is under the direction of the Dean of Student Affairs. Appropriate secretarial support staff are available for these offices to provide adequate services for the students of ICO. These student service areas are the primary support areas for the student body at ICO.

During this past summer, with reorganization of the Dean's Office, an attempt was made to identify the specific role and functions of the Dean of Student Affairs' Office. I have been very pleased with the efforts and activities of this office in addressing the needs of the student body. The primary functions of the Dean of Student Affairs would include the following:

1. Administer and coordinate all student services.
2. Coordinate student organization.
3. Coordinate student insurance programs.
4. Provide staff assistance and input to the Student Association.
5. Student Counseling.
6. First contact for student discipline.

7. Student financial aid.
8. Coordinate and administer all new student orientation programs.
9. Preparation of Dean's letters of recommendation.
10. Represent the Dean's Office in planning of annual commencement and awards convocation.
11. Monitor and manage the use of student areas.
12. Respondent on all questionnaires relating to student affairs.
13. Coordinate and administer the student life in Brady Hall.

Although the above list is not complete, it identifies the broad spectrum of responsibilities handled by the Dean of Student Affairs. As additional needs are identified and programs changed, the Dean of Student Affairs' Office is available to assist that student body to receive the support and information necessary for a good educational experience at ICO.

Dean Petty has been at ICO a short time and has done an excellent job of working with students and providing support for student needs. I feel that with the new reorganization in the Dean's Council, Dean Petty has had more time to address the specific needs of students and has certainly demonstrated a willingness to do that. I want to commend him and his staff for the good job done during this academic year.

Student Association News

by Jacque Young — S.A. Pres.

"What's going on with Student Association this year?" is a question that deserves a rightful answer since all students contribute to the S.A. funds through the student fees accessed each quarter. Rather than listing all of the activities sponsored by S.A. so far this year, suffice it to say that over 15 different events have been funded by the S.A., averaging at least one event each week. Students often overlook who is sponsoring the various activities that fill up the "spare time" around I.C.O., but it would be a safe bet that S.A. has some part in many of the happenings.

The Student Association is a multifaceted organization, encompassing many areas that influence your existence at I.C.O. One important task is in representing the student community at the various levels in the I.C.O. administration. The class reps and the two students on the Academic Committee have the most involvement here. In effort to attain more student input on the issues and events affecting students, noon discussion groups are being initiated involving the class reps and other S.A. officers. Please join us for these lunch hour discussions so that any questions you have can be addressed. Your attendance will also enable you to voice your specific concerns. Of course, class reps

are available at other times to listen to any concerns that you may have. Talk to us!! This will help your reps who are involved with the administration to better represent student viewpoints on the various issues.

Upcoming topics in which the S.A. will be involved include the board review system, which will be handled by Dr. Berman's office this year, and increasing the involvement of 1st and 2nd year students into clinic.

A "Student Guide" will again be seened around ICO after a 5 year absence and input as to what should be included is being sought by Dean Petty. This guide, as it outlines the policies pertaining specifically to students, should be considered carefully, since what is in "black and white" is what is often important. If certain policies appear out-dated, in need of clarification, or non-existent, proposals of revision may be submitted to the Academic Committee for consideration. If approved at this level, proposals are then sent to Dean Cromer for final approval.

Another area of interest of the Student Association is in providing students with viewpoints or information that supplement our "traditional" education at I.C.O. By sponsoring lectures, seminars, and the Equipment Fair and by providing funding for transportation costs to

various national and regional conventions, students should begin to appreciate that there is more to optometry (luckily!?) than I.C.O. As students, we should be exposed to as much of the variety involved in optometry today as possible. I.C.O. manages, like all other institutions, to somewhat limit our views of what optometry is, by exposing us only to the "I.C.O. way."

Finally, in view of the fact that life at I.C.O. cannot involve only academics, S.A. is involved in many of the enjoyable activities that occur throughout the year. Intramural sports, picnics, dances and other get-togethers help to break the monotony of our academic rigor. New ideas that have been discussed include a movie and beer night, bowling leagues and co-ed softball for the spring. If you have any suggestions or ideas, please let us know.

The Student Association, as you can see, is attempting to improve itself this year in several ways. Besides expanding the number and quality of sponsored activities, S.A. is striving for better effectiveness in relaying student concerns to the administration and also in informing students about the administrative decisions that have been made. Communication is what it is all about. By participating in the noon hour dis-

cussions and talking to your reps you can help the Student Association to become

a more effective organization. If you are dissatisfied about the way S.A. is handling matters, tell us. Some matters may not be able to be resolved easily or immediately but the avenues of change appear to be workable in this new administrative set-up. Expedience is one quality that the I.C.O. administration could improve upon, but usually persistence wins in the end.

The Student Association is making a sincere effort to involve more student input and to better inform students of decisions that affect them through class announcements, the "Focus" and it's update, and the noon hour discussions. The students have their part to contribute also. The S.A. can become as effective as the students want it to be. If students show little interest in the changes and goals we decide to pursue, it is difficult to present a unified position to the administration. If, however, students show an interest in our activities, it would be much easier to bring about the results we desire. Let's work together rather than being complacent or apathetic! Only with this type of cooperation will we see the changes that we feel are in the best interest of the I.C.O. community.

Dear Iris

Dear Iris,
On my honeymoon night, I discovered something horrible about my new husband — he has almost no base in reserves. I myself am an accommodative esotrope, and my mother always told me that marriages of this type NEVER work. What should I do?

Signed, STRABBY

Dear Strabby,
No reserves, huh? Well...this is a tuffy. Exercise is the answer. Exercise in the morning, afternoon and night. And I'm not taling about jumping jacks, either, baby. Try a revised two-person pushup. This might help his base (ins and outs) reserves. A good place to work out is at PLATO'S RETREAT where everyone is willing to help you with your problem. Honey, your mother should stick to cleaning her bathroom bowl and getting rid of ring-around-the-collar! Your marriage should last at least a couple of years, so enjoy them. If nothing works, let me take a crack at your hubby...he may be a challenge, but I can cure anything!

— Iris

Dear Iris,
I have this terrible problem with my girlfriend. Everytime we make love I see double. At times this can be a strong deterrant; I don't know which image is real and which isn't. It's quite embarrassing and my greatest fear is putting

A COLUMN FOR ICO'S LOVELORN, LONELY AND SEVERELY IMPAIRED

the wrong thing in the wrong place. What can I do?

Signed,
Wrong Way Corrigan

Dear Wrong Way,
Well sweetheart, I don't thing you've got a problem at all. In fact I'd love to be in your position, getting two for the price of one (pant, pant). But if you can't handle it, don't give up. There are always alternatives.

Why don't you try closing your eyes? This works for everyone. Another would be to close one eye, but holding one eye closed may be difficult at times. I say, go for it, honey, and take advantage of the hidden pleasures of diplopia.

— Iris

Dear Iris,
There is this cute little guy working part/time at the school. A real chum of mine, if you now what I mean. But he's leaving me alone to spend a week in Florida with some other women. What do I do? How can I handle it? Please help me.

Signed,
Not Included

Dear Not Included,
It seems you've got a real playboy on your hands. He only proves the old saying that good things come in small packages. Don't be so selfish. Learn to share. After he's had his fling, he'll come home.

— Iris

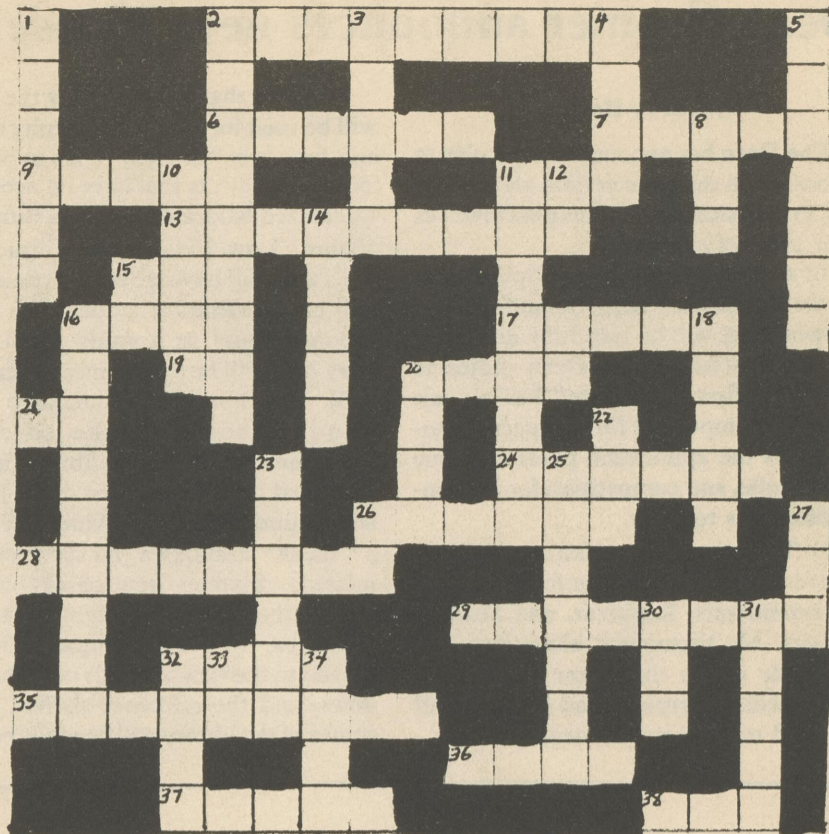
Next Issue look for a New Focus Column about "Clinic Boners". Here's a sample —

One morning at Ocular Diease Lab...
Doctor: Approximately, how many cans of beer do you drink everyday?
Patient: About 10 cans only.
Doctor: Didn't your medical doctor tell you to cut down on your drinks?
Patient: Oh yes, he did.
Doctor: And you still drink 10 cans of beer everyday?
Patient: Yeah, but, I drink them slowly and one at a time.

Classified Notes

LOST — One W-A 3.5V Halogen handle. Last seen in clinic room #104 on 11-14-81. Was plugged into wall. Anyone with information please put it in Box 184.

Research papers typed — reasonable rates. Good quality work — Contact: Michelle, ex. 533.



by Debbie Zelinsky

- DOWN**

 - Another term for "groove"
 - Word meaning "toward the back"
 - Rods and cones are _____ receptors
 - _____ posterior arteries
 - Nerve of _____ (in posterior ethmoidal foramen)
 - 22 autosomes, one _____ chromosome
 - Porter thinks he is _____er than his students
 - _____ caruncle
 - The mental foramen is _____ the chin
 - Plasma is a part of _____
 - It is difficult for pediatric patients to _____ still
 - P.D. = _____ Distance
 - Maxillary _____ is #24 across
 - Muscular Cone of _____ in the orbit
 - Electron Transport System (abbrev)
 - Surrounding the choroid is _____
 - Location of DNA in a cell
 - The facial artery begins _____ the level of the mandibular artery
 - _____ serrata
 - Opposite of good
 - Sinus of _____ near nasal duct
 - part of brain
 - 1st person singular of #15 down
 - shape of mesenchymal cells
- ACROSS**

 - "P" in vpfw
 - third corneal layer
 - plural form of the organ which the olfactory bulb controls
 - anterior lacrimal _____ is on the maxillary bone
 - short form of "logarithm"
 - an older name for "tarsal"
 - Terminal _____ are also called occluders (hint: think histo)
 - _____ corneal plexus
 - the long part of the mandible
 - internal carotid artery leads _____ the ophthalmic artery
 - sebaceous gland of _____ in the eye
 - tell patient to look _____
 - _____ of Highmore
 - _____ of #20 down
 - Part of blood
 - Condition where part of iris is missing (usually at 6 o'clock)
 - Another word for "portion" (of a muscle)
 - Technical term for "cheekbone"
 - El. President of 1985's last name
 - _____ trochlear artery
 - _____ epinephrine

KROMER. KROMER



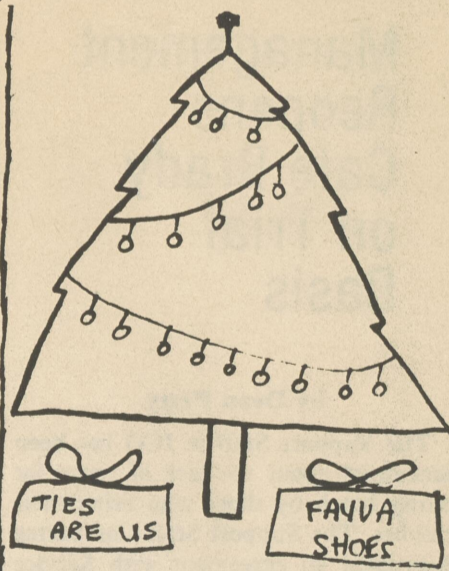
IT'S LATE CHRISTMAS EVE ON THE SOUTH SIDE OF CHICAGO. OLD ST. NICK STOPS ON A LARGE, FLAT, NEWLY REPAIRED ROOF, ABOUT 3100 SOUTH. SANTA REACHES INTO HIS COAT AND WHIPS OUT A PAIR OF DESIGNER HALF-EYES. IN HIS HAND...

YE OLDE CHRISTMAS LIST
CHECKED TWICE
INTERN ELF
STAFF ELF

- TIES FOR ALL THE MALE INTERNS AND STAFF
- CLOSED-TOED SHOES FOR FEMALE INTERNS AND STAFF
- ACADEMIC EVALUATIONS THAT WILL BE TAKEN SERIOUSLY
- A DEFINITIVE ROLE FOR DR. ROSENBLUM AND HIS APPOINTMENT TO THE BOARD
- EXPANSION OF FACILITIES OFFERING PERMANENT SPACE FOR STUDY

AND SPACE RESERVED FOR SUPPORT STAFF

- AN END TO THE THREAT OF MOCK BOARDS
- EXAM SCHEDULED WITHOUT HOLIDAY CONFLICTS
- BOUNCER TYPES IN ADMISSIONS TO DRAG PEOPLE IN OFF THE STREET
- A YEARBOOK TO FORGET THE GLORY OF THIS YEAR
- A GOLD STAR FOR OUR FIRE EMERGENCY PLAN
- GUARANTEE OF GRADUATION AT ROCKEFELLER
- ONE JOB RATHER THAN SIX FOR DR. BERMAN
- OPEN AND HONEST COMMUNICATION



Christmas Past at ICO, Dec., 1951.



Dean Cromer announces new "Space Utilization Renovation"

by Larry Baitch

The Dean has announced a new plan to relocate and renovate certain areas of the I.C.O. physical plant. This plan involves four areas of change:

In addition, there will be a special area in the Admissions department for interviewees that will be tastefully decorated and comfortable. The Dean indicated that the "first impression" has become especially important for prospective students as the application pools continue to dwindle, and competition for top candidates gets tougher.

1) The third-year classroom will be converted into a new area for the offices of Admissions, Registrar, and Student Affairs. No permanent alterations will be made in the third-year room itself, but it will be carpeted and dividers will be used to separate the departments.

2) Space that is vacated by the above will be used for additional faculty offices and for a new "dry lab," a lab to be used for those subjects that have no need for a specialized laboratory such as Binocular Vision, Low Vision, Pre-Clinic, etc. This area will have tables and chairs, and will be available for student use in the evening hours as a study room. This "dry lab" will be a permanent alteration.

3) The library will undergo some minor changes — the so-called "museum" area of the library will be sectioned off from the rest of the library with sound-absorbing dividers for use as a "silent" study area (no cat jokes permitted). Sixteen new carrels will be placed there, and the lighting will be improved. The A-V equipment will be moved to the area of carrels near the windows, and the reference shelves in the center of the library will be replaced with

a long table with eight more spots for studying.

4) There will also be some changes made in the clinic staff offices.

Dean Cromer stated that he realized these moves do not satisfy the students' needs for more studying space (an annex to the library was rumored to be planned for the vacated admissions area), but this is the Administration's best attempt at solving the conflict of lab space vs. study space. The lab space was considered to have highest priority, especially since classroom space will now be at a premium.

Beginning in January, the third-year class will be directed to other classrooms, and the moves should be finalized at the end of January. The library will be altered as soon as the dividers arrive, and the clinic changes will be completed over the winter break.

Official Presidential Search Report

The Search/Screening Committee for the President of the Illinois College of Optometry met in Chicago on November 17, 1981. This committee was represented by one member of the Support Staff, two members of the Student Body, two members of the Faculty, two members of the Alumni and two members of the Board of Trustees.

During the course of the meeting the committee received the following charge from the Chairman of the Board of Trustees, Dr. Fred R. Kushner:

"As Chairman of the Board of Trustees of Illinois College of Optometry, I am charging this Search/Screening Committee, under the Chairmanship of Dr. Judd Chapman, with organizing and conducting a thorough search for the best possible candidates for president of Illinois College of Optometry, and recommending the three best candidates to the Executive Committee of ICO's Board of Trustees for selection of the final acceptable candidate(s) for recommendation to the full Board of Trustees. I am further requesting that the search be conducted as quickly as possible and that you report your recommendations promptly and hopefully by February 1, 1982."

During this charge, Dr. Kushner named Dr. Judd Chapman of Tallahassee, Florida, as Chairman of the Search/Screening Committee.

Plans for the Search/Screening Committee process were finalized and included the following:

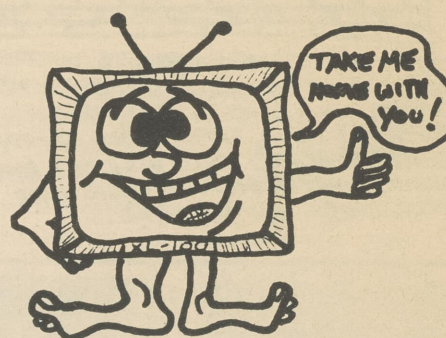
- 1) The criteria for a new president was established
- 2) Guidelines and details for procedures were developed
- 3) The process for distributing curriculum vitae of candidates to the Committee members for appraisal was approved
- 4) The time table for the search and future meetings was established
- 5) An invitation to optometric officials and presidents and deans of optometric schools to recommend suitable candidates was finalized

The Committee invites input, comments and recommendations and solicits names of possible candidates for consideration. All inquiries regarding the search process should be directed to Dr. Judd Chapman, c/o Secretary, Presidential Search/Screening Committee, Illinois College of Optometry, 3241 S. Michigan Ave., Chicago, IL 60616.



Do you know this man? He has taken Dr. Rosenbloom's place and is now acting president of ICO. He was a member of the Executive Council of the Board of Trustees, and recently announced at the ICO staff party that he is throwing his hat in the ring as a candidate for permanent president...

...stay tuned for more...



New 19" RCA - XL100 — Color television sets console model with full warranty...only...\$260.00 full price, delivered...see Michelle or call after 5:30 p.m., 436-490 (home).

The FOCUS encourages contributions of your articles, letters, artwork, puzzles and poetry. Items must be signed, and written copy must be typed. Send to the FOCUS, Box #247 or Box #24 by February 3, 1982.

The FOCUS is a publication of the Student Association of the Illinois College of Optometry.

Co-Editors: Larry Baitch (Box #24) and Martin Kornblatt (Box #247).

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Student Auxiliary Activities

The I.C.O. Student Auxiliary has continued to maintain a busy calendar of activities throughout the months of November and December. The major fall project for the Student Auxiliary this year was a vision screening which was held at the Nativity of Our Lord School in Bridgeport on Sunday, November 1. Approximately 200 people were screened that day with the help of about 25 third and fourth year students.

For the month of December, the Auxiliary planned a Christmas dance for Friday, December 4. This party, which was open to the entire school, was held in Rodriguez Hall and featured a live band, plenty of food and drink, and door prizes.

Other events on the Auxiliary calendar have included a fund raising activity on November 9 for the sale of t-shirts and baked goods, and a Christmas cookie and ornament exchange which is scheduled for December 16. In addition, a number of Auxiliary members are participating in the aerobic dancing class which is held at the school on Tuesday evenings.

The Student Auxiliary welcomes new members. Meetings are held on two Wednesdays each month in the second-floor student lounge at 7:30 p.m.

For information Contact:

Barb Wheatall

Secretary,

Student Auxiliary

Box 489

Phone: 326-092 or

836-4869

Management Reopens Cafe Brady on Trial Basis

by Dean Petty

The Support Staff at ICO has been concerned about the lack of space for eating lunch by those who bring their lunches. The Support Staff Committee negotiated an agreement with Service Systems to all "Brown Baggers" to use a table at Brady Hall for eating lunch. Drinks, soups, and desserts are available for purchase. The following rules will apply:

1. When entering the Cafeteria, indicate to the cashier that you are "Brown Bagging" your lunch.
2. If you wish to purchase any of the ala carte items (drinks, soup, or desserts) take them to the cashier.
3. The cashier will show you which table is available for "Brown Baggers".
4. If you wish to purchase seconds, you must again pay for your food.

This arrangement is on a trial basis. There is a possibility that the arrangement could be made permanent if no significant problems are encountered. Students are eligible to participate in this program. It should be noted that very little space is being allocated to "Brown Baggers".

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